


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

S/4/ 05-04-2006 90224 019 \*\*\*\*61.25

<b>DOCUMENT # N05000002239</b> 1. Entity Name MONTE CARLO TOWNHOMES OF MARGATE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 7975 NW 154TH ST., SUITE 400 MIAMI LAKES, FL 33016		Mailing Address 7975 NW 154TH ST., SUITE 400 MIAMI LAKES, FL 33016	
2. Principal Place of Business C/O SUNBSC MANAGEMENT SVC. 1011 W. COMMERCIAL BVD #2B TAMPA, FL		3. Mailing Address Suite, Apt. #, etc. City & State TAMPA, FL	
4. Fil Number 20-2425207	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATRICIA KIMBALL FLETCHER, P.A. 7975 NW 154TH ST., SUITE 400 MIAMI LAKES, FL 33016		7. Name and Address of New Registered Agent C/O SUNBSC MANAGEMENT SERVICES 1011 W. COMMERCIAL BVD SUITE 2B TAMPA, FL 33319	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Karen Busch</u> DATE: <u>4/20/06</u>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete BRIELE, ROBERT 7975 NW 154TH ST., SUITE 400 MIAMI LAKES, FL 33016	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete CARDOSO, NICOLE 7975 NW 154TH ST., SUITE 400 MIAMI LAKES, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PP VITOLIS, ED 541 St. Michelle Way Margate, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete LAM, YOLANDA 7975 NW 154TH ST., SUITE 400 MIAMI LAKES, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VPO HARPER, LIZON 580 ST. TROPEZ LANE Margate, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PD DENNIS, TIFFANY 5532 MONTE CARLO LANE Margate, FL 33068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fees empowered.			
SIGNATURE: <u>[Signature]</u> DATE: <u>4/24/06</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

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