


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

DOCUMENT # N05000002239

1. Entity Name  
MONTE CARLO TOWNHOMES OF MARGATE HOMEOWNERS ASSOCIATION, INC.



**FILED**  
06 AUG 28 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O SUNRISE MGMT INC  
707 W COMMERCIAL BLVD 28  
FORT LAUDERDALE, FL 33319

Mailing Address  
7975 NW 154TH ST., SUITE 400  
MIAMI LAKES, FL 33016



2. Principal Place of Business  
10034 W. McNab Rd  
Suite, Apt. #, etc.  
Tamarac, FL

3. Mailing Address  
Same  
Suite, Apt. #, etc.

07192006 Chg-NP CR2E037 (4/06)

City & State  
33321

City & State

4. FEI Number  
20-2425207

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
C/O SUNRISE MGMT SERVICES  
7011 W COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33319

7. Name and Address of New Registered Agent  
Name: James Miles C/O CCM  
Street Address (P.O. Box Number is Not Acceptable): 10034 W McNab Rd  
Tamarac, FL 33321  
City: Tamarac, FL Zip Code: FL

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: *James Miles* DATE: 7/18/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VIITOUSIS, ED 541 ST MICHELLE WAY POMPANO BEACH, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300079291273 08/30/06--01052--004 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARPER, JASON 530 ST TROPEZ LANE POMPANO BEACH, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, TIFFANY 5532 MONTE CARLO LANE POMPANO BEACH, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 617, 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 like empowered.

SIGNATURE: *[Signature]* DATE: 7/26/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 8/29