


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90002 005 ****61.25

| | | | | | |
|---|-------------------------------------|--|-------------------|--|--|
| DOCUMENT # N05000002239 | | | |  | |
| 1. Entity Name MONTE CARLO TOWNHOMES OF MARGATE HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 10034 W MCNAB ROAD TAMARAC, FL 33321 US | | Mailing Address 7975 NW 154TH STREET, SUITE 400 MIAMI LAKES, FL 33016 US | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01232007 Chg-NP CR2E037 (12/06) | |
| Zip | | Zip | | 4. FEI Number 20-2425207 | |
| Country | | Country | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent JAMES MILES C/O GCM 10034 W MCNAB ROAD TAMARAC, FL 33321 | | | | 7. Name and Address of New Registered Agent Name <u>Brough, Chadron + Levine, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1400 W. Commerce Hwy</u> City <u>Weston</u> FL Zip Code <u>33326</u> | |
| 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>Scott J. Leake, Esq. for Brough, Chadron + Levine, P.A.</u> DATE <u>2/9/07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PD <input type="checkbox"/> Delete | TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VHTOULIS, ED | NAME | | NAME | |
| STREET ADDRESS | 541 ST MICHELLE WAY | STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33068 | CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> Delete | TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARPER, JASON | NAME | | NAME | |
| STREET ADDRESS | 580 ST TROPEZ LANE | STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33068 | CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> Delete | TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, TIFFANY | NAME | | NAME | |
| STREET ADDRESS | 5532 MONTE CARLO LANE | STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33068 | CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | DIRECTOR | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | SHERYL SWARTZLE | NAME | |
| STREET ADDRESS | | STREET ADDRESS | 640 PRINCESS DR. | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | MARGATE, FL 33068 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | TREASURER | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | MATIAS MAYOR | NAME | |
| STREET ADDRESS | | STREET ADDRESS | 521 ST TROPEZ LN | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | MARGATE, FL 33068 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | CITY-ST-ZIP | |
| 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 information. | | | | | |
| SIGNATURE: <u>[Signature]</u> | | | | Date <u>2/27/07</u> Daytime Phone # _____ | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |