

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002239

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

C/O CCM, INC  
7124 N NOB HILL RD  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CCM, INC  
7124 N NOB HILL RD  
TAMARAC, FL 33321 US

**New Mailing Address:**

**FEI Number:** 20-2425207      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROUGH, CHADROW, & LEVINE, P.A.  
1900 N. COMMERCE PKWY.  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MALONEY, SHARON  
Address: 5564 MONTE CARLO LANE  
City-St-Zip: MARGATE, FL 33068

Title: S  
Name: SWARTZLE, SHERYL  
Address: 640 PRINCESS DR.  
City-St-Zip: MARGATE, FL 33068

Title: T  
Name: VITOULIS, ED  
Address: 541 ST. MICHELLE WAY  
City-St-Zip: MARGATE, FL 33068

Title: D  
Name: SWAIN, SHANE  
Address: 520 ST. TROPEZ LANE  
City-St-Zip: MARGATE, FL 33321

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHARON MALONEY

P

03/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date