

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90064 013 \*\*\*\*61.25

<b>DOCUMENT # N06000005478</b> 1. Entity Name <b>MONARCH PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>110 E. BROWARD BLVD., STE. 1700 FT. LAUDERDALE, FL 33301</b>		Mailing Address <b>110 E. BROWARD BLVD., STE. 1700 FT. LAUDERDALE, FL 33301</b>	
2. Principal Place of Business - No P.O. Box # <b>40 Florida Trust Realty</b>		3. Mailing Address <b>40 Florida Trust Realty</b>	
Suite, Apt. #, etc. <b>210 N. University Dr. #200</b>		Suite, Apt. #, etc. <b>210 N. University Dr. #200</b>	
City & State <b>Coral Springs, FL</b>		City & State <b>Coral Springs, FL</b>	
Zip <b>33071</b>		Zip <b>33071</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>	
4. FEI Number <b>20-8305787</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>BANKS, NICHOLAS M.</b> <b>110 E. BROWARD BLVD., STE. 1700</b> <b>FT. LAUDERDALE, FL 33301</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Argent, Robert J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>40 Florida Trust Realty, Inc.</b> <b>210 N. University Dr. #200</b> City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33071</b>	
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><i>Robert J. Argent</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>1/23/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BANKS, NICHOLAS M. 110 E. BROWARD BLVD., STE. 1700 FT. LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRANCISCO ANACHEARICO 12741 MIRAMAR PARKWAY #301 MIRAMAR, FL. 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FLEISHER, STEPHEN M. 5944 CORAL RIDGE DR., STE. 145 CORAL SPRINGS, FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ITZA ROSADO 12781 MIRAMAR PARKWAY #201 MIRAMAR, FL. 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ALDAY, G. LUIS 2401 E. ATLANTIC BLVD., STE. 410 POMPANO BEACH, FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROSSANA HOYOS 12781 MIRAMAR PARKWAY #204 MIRAMAR, FL. 33027
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
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
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/8  
Date

954 874 1600  
Daytime Phone #