

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90005 008 ****61.25

DOCUMENT # N06000006039

1. Entity Name
**MONARCH COMMERCE CENTER CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**60 STATE ST
STE 1200
BOSTON, MA 02109**

Mailing Address
**60 STATE ST
STE 1200
BOSTON, MA 02109**

40030043



2. Principal Place of Business No P.O. Box #
2201 SW 145th Avenue

3. Mailing Address
6820 Lyons Technology Circle

Suite, Apt. #, etc.
201

Suite, Apt. #, etc.
Suite 100

City & State
Miramar, FL

City & State
Coconut Creek

Zip
33027

Country
Broward

Zip
33073

Country
Broward

03012007

Chg-NP

CR2E037 (12/06)

4. FEI Number

20-4999741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUTTERS, MALCOLM
% BUTTERS REALTY & MANAGEMENT, LLC
6820 LYONS TECHNOLOGY CIR - STE 100
COCONUT CREEK, FL 33073**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE PD ☒ Delete
NAME CONFORTH, JAY
STREET ADDRESS % AMB PROPERTY CORP-60 STATE ST-STE 1200
CITY-ST-ZIP BOSTON, MA 02109

TITLE SD ☒ Delete
NAME REILLY, GENE
STREET ADDRESS % AMB PROPERTY CORP-60 STATE ST-STE 1200
CITY-ST-ZIP BOSTON, MA 02109

TITLE TD ☒ Delete
NAME SARGENT, MATT
STREET ADDRESS % AMB PROPERTY CORP-60 STATE ST-STE 1200
CITY-ST-ZIP BOSTON, MA 02109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Oscar Ramirez
STREET ADDRESS 2201 SW 145th Avenue
CITY-ST-ZIP Miramar, FL 33027

TITLE SD ☐ Change ☒ Addition
NAME Andrew Kruss
STREET ADDRESS 2401 SW 145th Avenue
CITY-ST-ZIP Miramar, FL 33027

TITLE TD ☐ Change ☒ Addition
NAME Richard Perez
STREET ADDRESS 2401 SW 145th Avenue
CITY-ST-ZIP Miramar, FL 33027

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/07

954-442-4141