

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009690

FILED  
Jun 18, 2009  
Secretary of State

**Entity Name:** MONTE CARLO OF MIAMI CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

490 NW 165TH STREET ROAD  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

490 NW 165TH STREET ROAD  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** 26-2491255      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MARS, GARY M ESQUIRE  
150 WEST FLAGLER STREET  
SUITE 2701  
MIAMI, FL 33130 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: PD ( ) Delete  
Name: ANDREWS, FORREST  
Address: 490 N.W. 165 STREET ROAD  
City-St-Zip: MIAMI, FL 33169

Title: VPD ( ) Delete  
Name: ACOSTA, ANGEL  
Address: 490 N.W. 165 STREET ROAD  
City-St-Zip: MIAMI, FL 33169

Title: STD ( ) Delete  
Name: BORGE, KARLA  
Address: 490 N.W. 165 STREET ROAD  
City-St-Zip: MIAMI, FL 33169

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: WELLA, DWAYNE  
Address: 490 N.W. 165 STREET ROAD  
City-St-Zip: MIAMI, FL 33169

Title: STD ( ) Change (X) Addition  
Name: PIRELA, LUIS  
Address: 490 N.W. 165 STREET ROAD  
City-St-Zip: MIAMI, FL 33169

Title: STD ( ) Change (X) Addition  
Name: WILSON, TRUDI-ANN  
Address: 490 N.W. 165 STREET ROAD  
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FORREST ANDREWS

PD

06/18/2009

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

\_\_\_\_\_  
Date