

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90064 036 ****70.00

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1. Entity Name
ST. MONICA GARDENS, INC.



40041289

Principal Place of Business
**9401 BISCAYNE BLVD.
MIAMI SHORES, FL 33138**

Mailing Address
**9401 BISCAYNE BLVD.
MIAMI SHORES, FL 33138**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02262007 Chg-NP CR2E037 (12/06)

4. FEI Number **20-8197409** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VAUGHAN, JOHN J. REV.
9401 BISCAYNE BLVD.
MIAMI SHORES, FL 33138**

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 **DP** ☐ Delete
NAME **VAUGHAN, JOHN J. REV.**
STREET ADDRESS **9401 BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

TITLE **DV** ☐ Delete
NAME **HENNESSEY, WILLIAM J. REV.**
STREET ADDRESS **9401 BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

TITLE **DST** ☐ Delete
NAME **CATANIA, JOSEPH M.**
STREET ADDRESS **9401 BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

TITLE **D** ☐ Delete
NAME **CASCIATO, MICHAEL**
STREET ADDRESS **9401 BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

TITLE **D** ☐ Delete
NAME **SOUCKAR, MICHAEL REV.**
STREET ADDRESS **9401 BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

TITLE **D** ☐ Delete
NAME **MARIN, TOMAS M. REV.**
STREET ADDRESS **9401 BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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

JOSEPH M. CATANIA, TREAS **2/26/07** **954-484-1515**

Date

Daytime Phone #