

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004924

FILED  
Mar 31, 2011  
Secretary of State

**Entity Name:** MONTICELLO FARMS PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

7593 BOYNTON BEACH BLVD.  
SUITE 220  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

**Current Mailing Address:**

7593 BOYNTON BEACH BLVD.  
SUITE 220  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

NERO, ELIZABETH  
7593 BOYNTON BEACH BLVD.  
SUITE 220  
BOYNTON BEACH, FL 33437 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: AKEL, RAMZI  
Address: 7593 BOYNTON BEACH BLVD., SUITE 220  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP  
Name: SCARDINA, CHARLES  
Address: 7593 BOYNTON BEACH BLVD, SUITE 220  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD  
Name: MATTHEWS-GRAY, JUDY  
Address: 1000 CLINT MOORE RD., SUITE 110  
City-St-Zip: BOCA RATON, FL 33487

Title: D  
Name: SCARDINA, CHARLES  
Address: 1000 CLINT MOORE RD., SUITE 110  
City-St-Zip: BOCA RATON, FL 33487

Title: SD  
Name: AKEL, RAMSEY  
Address: 1000 CLINT MOORE RD., SUITE 110  
City-St-Zip: BOCA RATON, FL 33487

Title: P  
Name: BORG, DEAN J  
Address: 1000 CLINT MOORE RD., SUITE 110  
City-St-Zip: BOCA RATON, FL 33487

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: RAMZI AKEL

P

03/31/2011

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

\_\_\_\_\_  
Date