

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004715

FILED  
Aug 31, 2007  
Secretary of State

Entity Name: MONACO CONDOMINIUM CORP.

## Current Principal Place of Business:

571 HIGHWAY A1A  
SATELLITE BEACH, FL 32937

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 410759  
MELBOURNE, FL 32941

## New Mailing Address:

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

TCB PROPERTY MANAGEMENT  
2642 CHERRYWOOD LANE  
TITUSVILLE, FL 32780 US

## Name and Address of New Registered Agent:

TCB PROPERTY MANAGEMENT  
213 IVORY DRIVE  
MELBOURNE BEACH, FL 32951 US

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:

08/31/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: LOGSDON, DONALD  
Address: 571 HWY A1A UNIT 202  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: PD ( ) Delete  
Name: STRUBLE, JUDY  
Address: 571 HIGHWAY A1A # C301  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: SD ( ) Delete  
Name: OLSON, CYNTHIA  
Address: 579 HWY A1A UNIT B502  
City-St-Zip: SATELLITE, FL 32937

Title: VD ( ) Delete  
Name: GONZALO, DELGADO  
Address: 579 HWY A1A UNIT C501  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D (X) Delete  
Name: GONINAN, HARVEY  
Address: 581 HIGHWAY A1A # D602  
City-St-Zip: SATELLITE BEACH, FL 32937

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VD (X) Change ( ) Addition  
Name: BARRY, LEE  
Address: 575 HWY A1A UNIT 402  
City-St-Zip: SATELLITE BEACH, FL 32937

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

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: SHARON LOCKAMY

MGR

08/31/2007

Electronic Signature of Signing Officer or Director

Date