

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Aug 01, 2008 8:00 am
Secretary of State

06-23-2008 90003 047 ****61.25

DOCUMENT # N96000004715			
1. Entity Name MONACO CONDOMINIUM CORP.			
Principal Place of Business 571 HIGHWAY A1A SATELLITE BEACH, FL 32937		Mailing Address P.O. BOX 410759 MELBOURNE, FL 32941 <i>P.O. Box 372340 SATELLITE BEACH, FL 32937</i>	
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
4. FEI Number NOT APPLICABLE		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TCB PROPERTY MANAGEMENT 213 IVORY DRIVE MELBOURNE BEACH, FL 32951 <i>Please change address →</i>		7. Name and Address of New Registered Agent Name TCB Property Mgmt Street Address (P.O. Box Number is Not Acceptable) 1305 Rivard Blvd City Miami Island FL Zip Code 32952	
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 <i>Dorcas J. Pettit, office manager</i>		DATE <i>1/28/08</i>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOGSDON, DONALD 571 HWY A1A UNIT 202 SATELLITE BEACH, FL 32937 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harvey Plaskov 18720 Hillcrest Livonia, MI 48152 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRUBLE, JUDY JUDITH 571 HIGHWAY A1A # C301 SATELLITE BEACH, FL 32937 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLSON, CYNTHIA 571 HWY A1A UNIT B502 SATELLITE, FL 32937 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARRY, LEE 571 HWY A1A UNIT 402 SATELLITE BEACH, FL 32937 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <i>Judith A. Struble</i>		DATE <i>7/29/08</i> 321-277-2733	

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