


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90025 024 \*\*\*\*61.25

<b>DOCUMENT # N97000006029</b>	
1. Entity Name <b>MONACO ESTATES HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business 6767 N. WICKHAM RD SUITE 213 MELBOURNE, FL 32940	Mailing Address PO BOX 410759 MELBOURNE, FL 32941
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2. Principal Place of Business - No P.O. Box # <b>325 3rd STREET</b>	3. Mailing Address <b>PO BOX 542876</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03042007 Chg-NP CR2E037 (12/06)

City & State <b>MERRITT ISLAND</b>	City & State <b>MERRITT ISLAND</b>
Zip <b>32953</b>	Zip <b>32954-2876</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3484415</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ADVANCED PROPERTY MGMT INC 1978 ROCKLEDGE BLVD SUITE 106 ROCKLEDGE, FL 32955</b>	
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7. Name and Address of New Registered Agent Name <b>DRAGON PROPERTY MGMT LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>325 3rd STREET</b> City <b>MERRITT ISLAND</b> FL Zip Code <b>32953</b>	
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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 KATHLEEN WATTS, CARD Kathleen Watts 4-1-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SITTON, CHARLES 2904 MADERIA CIR MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAYE JENKINS 1722 CAPE PALOS DR MELBOURNE, FL 32935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRISON, BILL 2776 MADERIA CIRCLE MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARLETT L. HUBER 2872 MADERIA CIRCLE MELBOURNE, FL 32935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JUBB, LOU 2793 MACERIA CIRCLE MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD    <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEROME PETERS 1732 CAPE PALOS DR. MELBOURNE, FL 32935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] 4-7-07 321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 751-2348