2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N97000006029

Entity Name: MONACO ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

335 3RD STREET
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

PO BOX 542876
MERRITT ISLAND, FL 329542876

New Mailing Address:

PO BOX 542876
MERRITT ISLAND, FL 32954 US

FEI Number: 59-3484415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DRAGON PROPERTY MGMT LLC
325 3RD STREET
MERRITT ISLAND, FL 32953 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: VP ( ) Delete
Name: MORRISON, BILL
Address: 2776 MADERIA CIRCLE
City-St-Zip: MELBOURNE, FL 32935

Title: PD ( ) Delete
Name: JUBB, LOU
Address: 2793 MACERIA CIRLCE
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete
Name: HUBER, SCARLETT L
Address: 2872 MADERIA CIRCLE
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete
Name: PETERS, JEROME
Address: 1732 CAPE PALOS DR
City-St-Zip: MELBOURNE, FL 32935

Title: TS ( ) Delete
Name: ELLISON, ROB
Address: 2717 MADERIA CIR
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: PLECHATY, BEN
Address: 1653 CAPE PALOS DRIVE
City-St-Zip: MELBOURNE, FL 32935

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

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

Title: D (X) Change ( ) Addition
Name: ELLISON, ROB
Address: 2717 MADERIA CIRCLE
City-St-Zip: MELBOURNE, FL 32935

Title: TS (X) Change ( ) Addition
Name: JANOWSKY, DIANE
Address: 1721 CAPE PALOS DRIVE
City-St-Zip: MELBOURNE, FL 32935

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: KATHLEEN N WATTS MGR 04/03/2009

Electronic Signature of Signing Officer or Director — Date