

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710414

**Entity Name:** FATHER M. F. MONAHAN HOME ASSOCIATION, INC.

**Current Principal Place of Business:**

600 KNIGHTS ROAD  
HOLLYWOOD, FL 33021-6145

**Current Mailing Address:**

600 KNIGHTS ROAD  
HOLLYWOOD, FL 33021-6145 US

**FEI Number:** 59-1301291

**Certificate of Status Desired:** No

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

CONNORS, ROBERT M  
4700 PIERCE STREET  
HOLLYWOOD, FL 33021-5808 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP, D, S.  
Name PUTNAM, ALLEN B  
Address 5316 JOHNSON ST,  
City-State-Zip: HOLLYWOOD FL 33021

Title D  
Name OLDZIEJ, GERARD S  
Address 301 N.W. 97TH AVE.  
City-State-Zip: PLANTATION FL 33324

Title T,D  
Name CONNORS, ROBERT M  
Address 4700 PIERCE ST.  
City-State-Zip: HOLLYWOOD FL 33021

Title D  
Name MAGIC, ROBERT  
Address 925 N 32 AVE  
City-State-Zip: HOLLYWOOD FL 33021

Title D  
Name ERMINE, JOHN.  
Address 5311 LINCOLN ST.  
City-State-Zip: HOLLYWOOD FL 33021

Title P, D  
Name FARQUHARSON, WILLIAM S.  
Address 620 W. CHAMINADE DRIVE  
City-State-Zip: HOLLYWOOD FL 33021

*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:** ROBERT M. CONNORS

**TREASURER, DIRECTOR** 03/18/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date