

2015 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 33021Title T,D
Name CONNORS, ROBERT M
Address 4700 PIERCE ST.
City-State-Zip: HOLLYWOOD FL 33021Title D
Name ERMINE, JOHN.
Address 5311 LINCOLN ST.
City-State-Zip: HOLLYWOOD FL 33021Title D
Name CERNOBYL, STEPHEN
Address 5201 CLEVELAND STREET
City-State-Zip: HOLLYWOOD FL 33021Title D
Name MAGIC, ROBERT
Address 925 N 32 AVE
City-State-Zip: HOLLYWOOD FL 33021Title 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****04/04/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date