

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001613

**Entity Name:** MONTE CARLO AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 26, 2021**  
**Secretary of State**  
**6159873368CC**

**Current Principal Place of Business:**

790 PARK OF COMMERCE BLVD  
SUITE 200  
BOCA RATON, FL 33487

**Current Mailing Address:**

790 PARK OF COMMERCE BLVD  
SUITE 200  
BOCA RATON, FL 33487 US

**FEI Number: 20-4578002**

**Certificate of Status Desired: Yes**

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

LAW OFFICES OF GARY D. FIELDS  
4440 PGA BLVD  
STE 308  
PALM BEACH GARDENS, FL 33410 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: GARY D. FIELDS**

**04/26/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DININ, DAVID  
Address        790 PARK OF COMMERCE BLVD  
                 SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title            TREASURER  
Name            SAVARESE, JOSEPH  
Address        790 PARK OF COMMERCE BLVD  
                 SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title            D  
Name            KARAS, SUMNER  
Address        790 PARK OF COMMERCE BLVD  
                 SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title            DIRECTOR  
Name            GOLDEN, MERYLEE  
Address        790 PARK OF COMMERCE BLVD  
                 SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title            SECRETARY  
Name            FISCELLA, JOSEPH  
Address        790 PARK OF COMMERCE BLVD  
                 SUITE 200  
City-State-Zip: BOCA RATON FL 33487

*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: DAVID DININ**

**PRESIDENT**

**04/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date