

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

0035078

03-26-2002 90070 028 ****61.25

DOCUMENT # N00000007546

1. Entity Name

POD 10 AT MONARCH LAKES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

21218 SAINT ANDREWS BLVD. STE 510
 BOCA RATON FL 33433

21218 SAINT ANDREWS BLVD. STE 510
 BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

3030 SW 135 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIRAMAR FL

Zip 33027

Country BWRD.

Zip

Country

4. FEI Number

65-1054907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENFIELD, STEVEN B ESQ
 7000 W PALMETTO PARK RD, STE 402
 BOCA RATON FL 33433

Name ~~BECKER~~ POLIAKOFF, PA

Street Address (P.O. Box Number is Not Acceptable)

3111 Stirling Road

P.O. Box 9057

City FT. Lauderdale

FL

Zip Code

33312

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
 NAME DAVINI, FRANCISCA
 STREET ADDRESS 21218 SAINT ANDREWS BLVD, STE 510
 CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME CULLETON, JOHN
 STREET ADDRESS 21218 SAINT ANDREWS BLVD, STE 510
 CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~T~~
 NAME ~~ARMAS, CAROLINA~~
 STREET ADDRESS ~~2121 B ST ANDREWS BLVD. STE 510~~
 CITY-ST-ZIP ~~BOCA RATON FL 33433~~ ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02 954-392-8788
 Date Daytime Phone #

CR2E037 (9/01)