

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00000007546	
1. Entity Name POD 10 AT MONARCH LAKES PROPERTY OWNERS ASSOCIATION, INC.	



FILED

2008 APR 21 AM 7:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02192008 Chg-NP CR2E037 (12/06)

Principal Place of Business C/O THE CONTINENTAL GRP., INC. 2950 N 28TH TERR. HOLLYWOOD, FL 33020 US	Mailing Address C/O THE CONTINENTAL GRP., INC. 2950 N 28TH TERR. HOLLYWOOD, FL 33020 US
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2. Principal Place of Business - No P.O. Box # 40 Prime Management Group, Inc.		3. Mailing Address (same)	
Suite, Apt. #, etc. 6300 Park of Commerce Blvd.		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State	
Zip 33487	Country US	Zip	Country

4. FEI Number 65-1054907	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAKALAR, EICHNER P.A. 150 SOUTH PINE ISLAND ROAD SUITE 540 PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHANG, JERRY 3125 SW 133RD AVE MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, SCOTT 2959 SW 133 AVE MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900128778349 05/07/08--01042--003 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOLEDO, SAMUEL 2926 SW 135 AVE MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IRENE, COLEY <input checked="" type="checkbox"/> Delete 133313 SW 31 ST MIRAMAR, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD COLEY, IRENE 13313 SW 31 Street Miramar, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: SCOTT DAVIS 4/9/08 305 795-2210  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #