

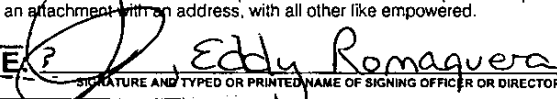


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000007411					
1. Entity Name MELROSE POINT AT MONARCH LAKES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 123 NW 13TH ST #300 BOCA RATON, FL 33432 US			Mailing Address 123 NW 13TH ST #300 BOCA RATON, FL 33432 US		
2. Principal Place of Business		3. Mailing Address		07122006 Chg-NP CR2E037 (4/06)	
Suite, Apt. #, etc.		301 W Camino Gardens Blvd Suite 200		4. FEI Number 55-0801118	
City & State		Boca Raton FL		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33432		USA			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ENGLER HOMES/ LYNNE GAUDET 123 NW 13TH ST #300 BOCA RATON, FL 33432			Name: Glen Management Services, Inc Street Address (P.O. Box Number is Not Acceptable): 301 W. Camino Gardens Blvd. 200 City: Boca Raton FL Zip Code: 33496		
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: 				DATE: 7/21/06	
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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAUDET, LYNNE 123 NW 13TH ST #300 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Eddy Romaguera 301 W. Camino Gardens Blvd. Ste 200 Boca Raton FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YUTER, RON 123 NW 13TH ST #300 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lana Lopez 301 W. Camino Gardens Blvd. Ste 200 Boca Raton, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD PILLEN, GREG 123 NW 13TH ST #300 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Sec, D Richard Castro 301 W. Camino Gardens Blvd. Ste 200 Boca Raton, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500078761675 08/16/06--01018--005 **61.25	<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
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:  Eddy Romaguera				DATE: 7/21/06 561-392-0977	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	