2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

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1. Entity Name MELROSE POINT AT MONARCH LAKES CONDOMINIUM ASSOC IATION, INC. Principal Place of Business Mailing Address 2189 WEST EOTH STREET 2109 WEST COTH STREET SUITE 205 **CUITE 205** HIALEAH FL 33016 HIALEAH FL 32016 2. Principal Place of Business 3. Mailing Address Castle Monogement Suite, Apt. #, etc. Suite, Apt. #, etc. 0. DOIL 189 013 City & State City & State 钇 ntation Zip Country Zip Country 6. Name and Address of Current Registered Agent FANO, JOSE E

☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For *5*5-0801118 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Castle Management duc Street Address (P.O. Box Number is Not Acceptable) 2189 WEST BOTH STREET SUITE 205 HIALEAH FL 33016 Zip Code 33313 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 ager 16/03 SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD ☐ Change ☐ Addition TITLE Delete TITI F FERRO, MARIO JR. NAME NAME 2189 WEST 60TH STREET STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 CITY-ST-ZIE CITY-ST-ZIP VD ☐ Delete TITLE Change ☐ Addition TITLE FERRO, MARIO SR. NAME 2189 WEST 60TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete FANO, JOSE E NAME NAME 2189 WEST 60TH STREET STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 amnowered 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:

REQUIREDOSE E. Fano, President