2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT #751688 05 AUG 15 PM 3:53 MONTE BELLO TOWNHOUSES CONDOMINIUM ASSOCIATION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2011 WEST 62 STREET 1025 WEST 77 STREET HIALEAH, FL 33014 US HIALEAH, FL 33016 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07112005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 59-2253631 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **AMERICA MANAGEMENT & REALTY** Street Address (P.O. Box Number is Not Acceptable) 2011 W. 62 ST. HIALEAH, FL 33016 Zip Code 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. 900058854559 08/23/05~-01007~-008 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Yresiden r Delete TITLE **S**change ☐ Addition NAME MENESES, FRANCISCO NAME 50se Cardoso STREET ADDRESS 1025 WEST 77 STREET #U-F STREET ADDRESS w. nnth Street CITY-ST-ZIP HIALEAH, FL 33014 CITY-ST-ZIP aleah, TITI F Delete TITLE reausièer **□** Change Addition Jean Fernander Isus nn in Street Glean, FL 33014 CARSOSO, JOSE A NAME NAME 1025 W. 77TH ST APT U-E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33014 CITY-ST-ZIP lete secretary TITLE TITLE **□**∠Change ☐ Addition CABELLO, OSVALDO M NAME NAME Francisco Heneses 1035 W. 111 H Street Hislean, FL 33014 Feanctsco' 1025 W 77 ST APT U-J STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33014 CITY-ST-ZIP K. Eckel AUG 1 6 7/11500 TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 feedired 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:

CACCOLOR INCE EMPOWERS.

7/12/05 (305)558-9830

APPHOYEL