928-0680

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 01, 2002 8:00 am Secretary of State DOCUMENT # N00000000852 04-01-2002 90170 029 ****61.25 MELROSE HOMES II AT MONARCH LAKES HOMEOWNERS ASS Principal Place of Business Mailing Address 2189 S.W. 60TH STREET STE 205 2189 S.W. 60TH STREET STE 205 HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1016578 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AYE & ROGER FANO, JOSE E 2189 WEST 60TH STREET SUITE 103 SUITE 205 .HIALEAH FL 33016-8. 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DP ☐ Change Addition CR2E037 (9/01 TITLE ☐ Delete TITLE NAME FANO, JOSE E NAME STREET ADDRESS STREET ADDRESS 2189 WEST 60TH STREET, SUITE 205 CITY-ST-ZIP CITY-ST-7IP HIALEAH FL 33016 ☐ Addition DVST ☐ Change TITLE ☐ Delete TITLE NAME FERRO, MARIO JR NAME STREET ADDRESS STREET ADDRESS 9921 W. OKEECHOBEE ROAD CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 Addition Delete Change TITLE Director TITLE ia Fano 9 W 60st. Suite 205 NAME gonzalez, ana maria NAME STREET ADDRESS STREET ADDRESS 2189 WEST 60TH STREET, SUITE 205 CITY-ST-ZIP CITY-ST-ZIE HIALEAH FL 33016 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change 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 12. I hereby certify that the information supplied with this filing does not quali indicated on this report or supplemental report is true and accurate and of the corporation or the receiver or trustee empowered to execute this rechanged, or on an attachment with an address, with all other like empower. for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at my signature shall have the same legal effect as if made under oath; that I am an officer or director ort as required by Chapter 6.7. Florida Statutes; and that my name appears in Block 10 or Block 11 if