

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90128 050 ****61.25

DOCUMENT # N00000000852					
1. Entity Name MELROSE HOMES II AT MONARCH LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O CASTLE MANAGEMENT INC. PO BOX 189013 PLANTATION, FL 33318			Mailing Address C/O CASTLE MANAGEMENT INC. PO BOX 189013 PLANTATION, FL 33318		
UNITED COMMUNITY MANAGEMENT CORP					
2. Principal Place of Business C/O UNITED COMMUNITY Suite, Apt. #, etc.			3. Mailing Address 11784 W SAMPLE RD Suite, Apt. #, etc.		
11784 W SAMPL RD City & State CORAL SPRINGS FL			11784 W SAMPLE RD City & State CORAL SPRINGS FL		
Zip 33065		Country USA		Zip 33065	
Country USA		4. FEI Number 65-1016578			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RANDALL K. ROGER & ASSOCIATES, PA 621 NW 53RD STREET, #300 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	DP FANO, JOSE E <input type="checkbox"/> Delete 2189 WEST 60TH STREET, SUITE 205 HIALEAH, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RICHARD WELCH 2341 SW 125TH AVE MIRAMAR FL 33027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST FERRO, MARIO JR <input type="checkbox"/> Delete 9921 W. OKEECHOBEE ROAD HIALEAH, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STEPHEN BOGS 2267 SW 126TH AVE MIRAMAR FL 33027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANO, TANIA <input type="checkbox"/> Delete 2189 W 60 ST STE 205 HIALEAH, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AURLO LOPEZ 2238 SW 128TH AVE MIRAMAR FL 33027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SAMUEL PONGON 2291 SW 126TH AVE MIRAMAR FL 33027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBERT KING 2241 SW 125TH AVE 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	
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 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: <u>Richard Welch</u> RICHARD WELCH <u>4/1/2005</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr					

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