

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90167 008 ****61.25

DOCUMENT # N00000000852

1. Entity Name
MELROSE HOMES II AT MONARCH LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**2109 S.W. 60TH STREET STE 205
HIALEAH FL 33016**

Mailing Address
**2109 S.W. 60TH STREET STE 205
HIALEAH FL 33016**

2. Principal Place of Business
40 Castle Management, Inc.
Suite, Apt. #, etc.
P.O. Box 189013

3. Mailing Address
40 Castle Management, Inc.
Suite, Apt. #, etc.
P.O. Box 189013

City & State
Plantation FL
Zip
33318

City & State
Plantation FL
Zip
33318

Country
USA

4. FEI Number **65-1016578**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAYE & ROGER PA
6261 NW 6TH WAY
STE 103
FORT LAUDERDALE FL 33309**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
FANO, JOSE E
2189 WEST 60TH STREET, SUITE 205
HIALEAH FL 33016** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVST
FERRO, MARIO JR
9921 W. OKEECHOBEE ROAD
HIALEAH FL 33016** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FANP, TAYIA
2189 W 60 ST STE 205
HIALEAH FL 33016** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED **Jose E. Fano, President 1/17/03 (954) 792-6000**

CR2E037 (10/02)