

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90008 029 ****61.25

DOCUMENT # N00000006953

1. Entity Name

MARIPOSA ISLES AT MONARCH LAKES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

80 SW 8TH ST. STE 1870
 MIAMI FL 33130

80 SW 8TH ST. STE 1870
 MIAMI FL 33130

2. Principal Place of Business

3. Mailing Address

The Continental Group, Ltd.

Suite, Apt. #, etc.

**2950 North 28th Terrace
 Hollywood, Florida 33020**

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1101377
 APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAHN, S L III
 80 SW 8TH ST, STE 1870
 MIAMI FL 33130**

Name **BAKALAR, Brough + Chadrow**
 Street Address (P.O. Box Number is Not Acceptable)

**2240 SW 70th Ave Suite D
 City FT. Lauderdale FL Zip Code 33317**

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.

(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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input type="checkbox"/> Delete
NAME	SMITH, MICHAEL J	
STREET ADDRESS	80 SW 8TH ST, STE 1870	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SERRATS, SUSAN	
STREET ADDRESS	80 SW 8TH ST, STE 1870	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DRODY, S. LANI	
STREET ADDRESS	80 SW 8TH STREET, SUITE 1870	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheryl S. Rice	
STREET ADDRESS	80 SW 8th Street, Suite 1870	
CITY-ST-ZIP	Miami, FL 33130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SHERYL S. RICE

SHERYL S. RICE

1/22/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)