

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\$ 61.25

03/05/04 90018037



DOCUMENT # N00000006953							
1. Entity Name MARIPOSA ISLES AT MONARCH LAKES HOMEOWNERS' ASSOCIATION, INC.							
Principal Place of Business THE CONTINENTAL GROUP 2950 NORTH 28TH TERRACE HOLLYWOOD, FL 33020		Mailing Address THE CONTINENTAL GROUP 2950 NORTH 28TH TERRACE HOLLYWOOD, FL 33020					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BAKALAR BROUGH, & CHADROW 150 SOUTH PINE ISLAND ROAD SUITE 540 PLANTATION, FL 33324			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 _____			DATE _____				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50		Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PHILLIPS, DEBBIE		NAME	Kyle Cunningham			
STREET ADDRESS	13142 S.W. 30TH STREET		STREET ADDRESS	1315B SW 30 ST			
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP	Miramar, FL 33027			
TITLE	VP D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SANTENELLO, MICHELLE		NAME	Rannis Williams			
STREET ADDRESS	3175 S.W. 131 AVENUE		STREET ADDRESS	3198 SW 132 ST			
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP	Miramar, FL 33027			
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STARKES, JAMES		NAME				
STREET ADDRESS	3115 S.W. 131 AVENUE		STREET ADDRESS				
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOSAK, GARY		NAME				
STREET ADDRESS	13194 S.W. 30 STREET		STREET ADDRESS				
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	QUINTANA, FELIX		NAME				
STREET ADDRESS	13188 S.W. 32 STREET		STREET ADDRESS				
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Colbert Bryan		NAME				
STREET ADDRESS	13187 SW 31 ST		STREET ADDRESS				
CITY-ST-ZIP	Miramar, FL 33027		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:			1 Nov 2004 954-704-5426				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				

**REINSTATEMENT** 09

2 of 2

7003 1680 0007 1725 4119

November 2, 2004

**DIVISION OF CORPORATIONS**

PO Box 6198

Tallahassee, FL 32314-6198

Dear Sirs;

Attached please find the reinstatement application for MARIPOSA ISLES AT MONARCH LAKES HOMEOWNERS' ASSOCIATION, INC.

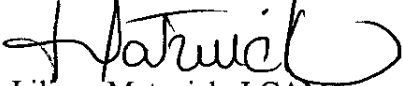
The original application was submitted in March 2004 along with the fees (see attached cancelled check). Apparently, the application was returned in June 2004 by the State because an officer's signature was missing; however, we did not receive this returned application.

Please reinstate the corporation and apply the fees that were previously paid.

We appreciate your cooperation. Should you have any questions please call the Management office at 954-926-2647.

Sincerely,

**For the Board of Directors**



Liliana Matznick, LCAM  
Property Manager

file