


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90008 017 ****61.25

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 - No P.O. Box #
Miami Management
 Suite, Apt. #, etc.
1145 Sawgrass Corp Pkwy

3. Mailing Address
Miami Management
 Suite, Apt. #, etc.
1145 Sawgrass Corp. Pkwy

City & State
Sunrise FL

City & State
Sunrise FL

Zip
33323

Country
Broward

Zip
33323

Country
Broward

4. FEI Number
65-1101377

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

01072008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

**BAKALAR & EICHNER, P.A.
 150 SOUTH PINE ISLAND ROAD
 SUITE 540
 PLANTATION, FL 33324**

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, 2008

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILLIPS, DEBORAH			NAME			
STREET ADDRESS	13142 S.W. 30TH 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	WILLIAMS, RANNIS			NAME			
STREET ADDRESS	3198 SW 132 AVE			STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR, FL 33027			CITY-ST-ZIP			
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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUNNINGHAM, KYLE			NAME			
STREET ADDRESS	13158 S.W. 30 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 S.W. 31 STREET			STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR, FL 33027			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 qualify for the exemptions contained in Chapter 119, 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: Deborah Phillips, President Date: 2/4/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR