

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006953

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

**Entity Name:** MARIPOSA ISLES AT MONARCH LAKES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

PRIME MANAGEMENT GROUP, INC.  
13460 S.W. 10TH STREET  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

THE CONTINENTAL GROUP INC  
2950 N 28 TERRACE  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

PRIME MANAGEMENT GROUP, INC.  
13460 S.W. 10TH STREET  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

THE CONTINENTAL GROUP INC  
2950 N 28 TERRACE  
HOLLYWOOD, FL 33020

FEI Number: 65-1101377

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

LAW OFFICE OF ROBERT P. KELLY  
2514 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 US

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: LAW OFFICE OF ROBERT P. KELLY

03/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PHILLIPS, DEBORAH  
Address: 2950 N 28 TERRACE  
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP  
Name: CUNNINGHAM, KYLE  
Address: 2950 N 28 TERRACE  
City-St-Zip: HOLLYWOOD, FL 33020

Title: S  
Name: HALPIN, PAMELA  
Address: 2950 N 28 TERRACE  
City-St-Zip: HOLLYWOOD, FL 33020

Title: T  
Name: STARKES, JAMES  
Address: 2950 N 28 TERRACE  
City-St-Zip: HOLLYWOOD, FL 33027

Title: D  
Name: ANTELO, RONEL  
Address: 2950 N 28 TERRACE  
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBRORAH PHILLIPS

P

03/04/2011

Electronic Signature of Signing Officer or Director

Date