

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

FILED
Jun 05, 2003 8:00 am
Secretary of State

S/S/

05-05-2003 92210 002 ****70.00

DOCUMENT # **N00000006953**



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

Principal Place of Business
**80 SW 8TH ST. STE 1870
MIAMI FL 33130**

Mailing Address
**THE CONTINENTAL GROUP
2950 NORTH 28TH TERRACE
HOLLYWOOD FL 33020**

33046374



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
The Continental Group
Suite, Apt. #, etc.
2950 North 28th Terrace

3. Mailing Address
Suite, Apt. #, etc.

City & State
Hollywood FL
Zip
33020

City & State
Zip

4. FEI Number **65-1101377**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BAKALAR BROUGH & CHADROW
2240 SW 70 TH AVE SUITE D
FORT LAUDERDALE FL 33317**

7. Name and Address of New Registered Agent

Name **BAKALAR BROUGH & CHADROW**
Street Address (P.O. Box Number is Not Acceptable)
150 South Pine Island Rd.
City **Plantation** FL Zip Code **33324**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Debbie Phillips President 13142 SW 30 St Miramar, FL 33027	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Michelle Santangelo 3175 SW 131 AVE MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JAMES STARKES 3115 SW 131 AVE MIRAMAR, FLORIDA 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER GARY KOZAK 13144 SW 30 ST. MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Felix Quintana 13188 SW 32 St MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 817, 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:

Nickolaus Phillips

6/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

CR2E037 (10/02)