


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90049 019 ****61.25

DOCUMENT # N00000007537	
1. Entity Name POD.3 AT MONARCH LAKES HOMEOWNERS' ASSOCIATION, INC.	

PAUL COVE

Principal Place of Business DCI ASSOCIATION SERVICES 2035 HARDING STREET SUITE 200 HOLLYWOOD, FL 33020	Mailing Address 2035 HARDING ST SUITE 200 HOLLYWOOD, FL 33020
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40061258



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number 04-3656580	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAKALAR, BROUGH & CHADROW, P.A. 150 S. PINE ROAD, SUITE 540 FORT LAUDERDALE, FL 33324		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Applicable) _____ City _____ FL Zip Code _____	
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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 _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WILBERTO, TORRES		NAME				
STREET ADDRESS	2233 SW 131ST TERRACE		STREET ADDRESS				
CITY - ST - ZIP	MIRAMAR, FL 33027		CITY - ST - ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HUERTAS, MARIA		NAME				
STREET ADDRESS	13198 SW 24TH ST		STREET ADDRESS				
CITY - ST - ZIP	MIRAMAR, FL 33027		CITY - ST - ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BELFER, SANDRA		NAME				
STREET ADDRESS	13184 SW 24TH ST		STREET ADDRESS				
CITY - ST - ZIP	MIRAMAR, FL 33027		CITY - ST - ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	JOHNSON, LANDRY		NAME				
STREET ADDRESS	13114 SW 23RD ST		STREET ADDRESS				
CITY - ST - ZIP	MIRIMAR, FL 33027		CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RODRIGUEZ, JACKIE		NAME				
STREET ADDRESS	2205 SW 131ST STREET		STREET ADDRESS				
CITY - ST - ZIP	MIRIMAR, 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				

CL # 5050
MONTH APRIL
CR CUT BY
INV #
ATT DATED
CHECK #
CR DATE
VENDOR #
DATE #

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/27/07 Daytime Phone #