

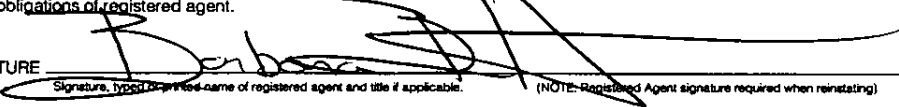



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90016 040 ****61.25

DOCUMENT # N00000007537 1. Entity Name POD 3 AT MONARCH LAKES HOMEOWNERS' ASSOCIATION, INC.					
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	
2. Principal Place of Business - No P.O. Box # ASSOCIATION SERVICES OF FL. Suite, Apt. #, etc. 10112 USA TODAY Way City & State MIRAMAR, FLORIDA Zip 33025		3. Mailing Address ASSOCIATION SERVICES OF FLA. Suite, Apt. #, etc. 10112 USA TODAY Way City & State MIRAMAR, FLORIDA Zip 33025			
4. FEI Number 04-3656580				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 BARBARA HERNDON Street Address (P.O. Box Number is Not Acceptable) 910 ASSOC SVCS OF FL. 10112 USA TODAY WAY City MIRAMAR FL Zip Code 33025		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE  <small>Signature, typed name and title of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> DATE _____ </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME WILBERTO, TORRES STREET ADDRESS 2233 SW 131ST TERRACE CITY-ST-ZIP MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Delete		TITLE PRESIDENT NAME SANDRA BELFER STREET ADDRESS 13184 SW 24TH ST. CITY-ST-ZIP MIRAMAR, FL. 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME HUERTAS, MARIA STREET ADDRESS 13198 SW 24TH ST CITY-ST-ZIP MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Delete		TITLE DIRECTOR NAME AGUSTIN LABISTE STREET ADDRESS 13183 SW 24TH ST. CITY-ST-ZIP MIRAMAR, FL. 33027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME BELFER, SANDRA STREET ADDRESS 13184 SW 24TH ST CITY-ST-ZIP MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME JOHNSON, LANDRY STREET ADDRESS 13114 SW 23RD ST CITY-ST-ZIP MIRIMAR, FL 33027	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME RODRIGUEZ, JACKIE STREET ADDRESS 2205 SW 131ST STREET CITY-ST-ZIP MIRIMAR, FL 33027	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: April 25, 2008 <small>Date</small>		