## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000007537

FILED May 04, 2009 Secretary of State

Entity Name: POD 3 AT MONARCH LAKES HOMEOWNERS' ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** ASSOCIATION SERVICES OF FL 10112 USA TODAY WAY MIRAMAR, FL 33025 **Current Mailing Address: New Mailing Address:** ASSOCIATION SERVICES OF FL 10112 USA TODAY WAY MIRAMAR, FL 33025 FEI Number: 04-3656580 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HERNDON, BARBARA SKRBIN, GEORGE C/O ASSOC. SVCS OF FL 10112 USA TODAY WAY C/O ASSOC. SVCS OF FL 10112 USA TODAY WAY MIRAMAR, FL 33025 US MIRAMAR, FL 33025 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: GEORGE SKRBIN 05/04/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BELFER, SANDRA Name: Name: Address: 13184 SW 24TH STREET Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LABISTE, AUGUSTIN Name: Address: 13183 SW 24TH STREET Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, LANDRY Name: Name: Address: 13114 SW 23RD ST Address: City-St-Zip: MIRIMAR, FL 33027 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SANDRA BELFER P 05/04/2009