


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90042 002 ****61.25

DOCUMENT # N01000003578					
1. Entity Name VINEYARDS AT MONARCH LAKES COMMUNITY ASSOCIATION, INC.					
Principal Place of Business THE CONTINENTAL GROUP 2950 N. 28 TERRACE HOLLYWOOD, FL 33020			Mailing Address THE CONTINENTAL GROUP 2950 N. 28 TERRACE HOLLYWOOD, FL 33020		
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		Country		Country	
6. Name and Address of Current Registered Agent BAKALAR AND EICHNER, P.A. 150 SOUTH PINE ISLAND RD. SUITE 540 PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 VP	NAME FELIX, CARBALLA	<input type="checkbox"/> Delete	TITLE D	NAME Joseph, Francois	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 13722 SW 32 ST	MIRAMAR, FL 33027		STREET ADDRESS 3118 SW 139 Ave	Miramar FL 33027	
CITY- ST- ZIP	MIRAMAR, FL 33027		CITY- ST- ZIP	Miramar FL 33027	
TITLE ST	NAME DIXON, HUGH	<input checked="" type="checkbox"/> Delete	TITLE DS	NAME Deveaux, Mary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 13889 SW 32 ST	HOLLYWOOD, FL 33027		STREET ADDRESS 2905 SW 139 Ave	Miramar, FL 33027	
CITY- ST- ZIP	HOLLYWOOD, FL 33027		CITY- ST- ZIP	Miramar, FL 33027	
TITLE P	NAME RAMDEEN, LESLEY	<input checked="" type="checkbox"/> Delete	TITLE D	NAME Valencia, Sandra	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3166 SW 139 AVE	HOLLYWOOD, FL 33027		STREET ADDRESS 13766 SW 32 St	Miramar, FL 33027	
CITY- ST- ZIP	HOLLYWOOD, FL 33027		CITY- ST- ZIP	Miramar, FL 33027	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE P	NAME Ramdeen, Lesley	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3166 SW 139 AVE		STREET ADDRESS	3166 SW 139 AVE	
CITY- ST- ZIP	HOLLYWOOD, FL 33027		CITY- ST- ZIP	Miramar, FL 33027	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3166 SW 139 AVE		STREET ADDRESS	3166 SW 139 AVE	
CITY- ST- ZIP	HOLLYWOOD, FL 33027		CITY- ST- ZIP	Miramar, FL 33027	
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: <u>2/19/08</u> Daytime Phone: _____					