

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N98000000220

FILED
May 19, 2000 8:00 am
Secretary of State

04-28-2000 90087 038 ****70.00

1. Entity Name

MARIPOSA AT MONARCH LAKES HOMEOWNERS' ASSOCIATIO

Principal Place of Business

80 S.W. 8TH STREET
 SUITE 1870
 MIAMI FL 33130

Mailing Address

80 S.W. 8TH STREET
 SUITE 1870
 MIAMI FL 33130-3039

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

65-0915864

4. FEI Number

-APPLIED FOR-

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAHN, S L
80 S.W. 8TH STREET
SUITE 1870
MIAMI FL 33130

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
PD	KAHN, S L	80 S.W. 8TH STREET	MIAMI FL 33130	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	SMITH, MICHAEL J	80 S.W. 8TH STREET	MIAMI FL 33130	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	SERRATS, SUSAN	80 S.W. 8TH STREET	MIAMI FL 33130	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 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]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)