

FILED
May 13, 2002 8:00 am
Secretary of State

02-27-2002 90008 038 ****61.25
05-13-2002 90147 022 ****61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000220
1. Entity Name
Mariposa at Monarch Lakes Homeowners' Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Office of Business
80 SW 8th Street
Suite Apt # etc.
Suite 1870
City & State
Miami, FL

3. Mailing Address
same
State Apt #, etc.
City & State
Miami-Dade
Zip
33130 Country

DO NOT WRITE IN THIS SPACE

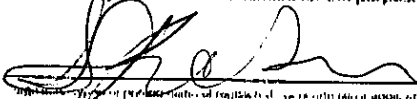
4. TEL Number
65-0915864

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Kahn, S.L.
Street Address (P.O. Box Numbers Not Acceptable)
80 SW 8th Street
Suite
Suite 1870
City
Miami, FL **FL 33130**

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 

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Smith, Michael VD 80 SW 8th Street, Suite1870 Miami, FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Serrats, Susan SD 80 SW 8th Street, Suite1870 Miami, FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Drody, S. Lani VPD 80 SW 8th Street, Suite1870 Miami, FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rice, Sheryl TD 80 SW 8th Street, Suite1870 Miami, FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 **(305) 577-8550**

CR2E037B (12/01)