2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000220

FILED Jan 23, 2009 Secretary of State

Entity Name: MARIPOSA AT MONARCH LAKES HOMEOWNERS' ASSOCIATION, INC.

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
THE CONTINENTAL GROUP 3000 N. 28TH TERRACE HOLLYWOOD, FL 33020			THE CONTINENTAL GROUP 2950 N. 28TH TERRACE HOLLYWOOD, FL 33020			
Current M	lailing Addres	s:	New Mail	New Mailing Address:		
THE CONTINENTAL GROUP 3000 N. 28TH TERRACE HOLLYWOOD, FL 33020			THE CONTINENTAL GROUP 2950 N. 28TH TERRACE HOLLYWOOD, FL 33020			
FEI Number	: 65-0915864	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and	l Address o	of New Registered Agent:	
#504 PLANTATI The above	TH PINE ISLANI ION, FL 33324 e named entity se e of Florida.	US	purpose of changing	its registered	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electron	ic Signature of Registered Ag	ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	VP () DELGADO, OSM 2605 SW 133 A MIRAMAR, FL (VE.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	P () HOPWOOD, NA 13388 SW 28 S MIRAMAR, FL (Т.	Title: Name: Address: City-St-Zip:	P LEON JR., F 13403 SW 2 MIRAMAR, F	27TH STREET	
Title: Name: Address: City-St-Zip:	S () MIRIAM, ALICEI 13378 SW 28S ⁻ MIRAMAR, FL	Г	Title: Name: Address: City-St-Zip:	D SENTI, TON 13377 SW 2 MIRAMAR, F	27ST	
Title: Name: Address: City-St-Zip:	T () ACKERMAN, RU 13318 SW 28 S MIRAMAR, FL (Т	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SCHAFMEISTEI 13334 SW 26S [*] MIRAMAR, FL 3	Γ	Title: Name: Address: City-St-Zip:	S SCHAFMEIS 13334 SW 2 MIRAMAR, F		

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: JOSEPH A KOLSKI PM 01/23/2009