


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91009 032 ****70.00

DOCUMENT # **N98000000220** ✓

1. Entity Name
**MARIPOSA AT MONARCH LAKES HOMEOWNERS' ASSOCIATIO
N, INC.**



Principal Place of Business Mailing Address

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

2. Principal Place of Business 3. Mailing Address

The Continental Group *The Continental Group*

Suite, Apt. #, etc. Suite, Apt. #, etc.

2950 NORTH 28th Terrace **2950 NORTH 28th Terrace**

City & State City & State

Hollywood FL **Hollywood FL**



CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

33020 **33020** **33020** **33020** **33020**

4. FEI Number **65-0915864** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **BAKALAR, Brough + CHADROW**

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

150 South Pine Island Rd.

City **PLANTATION** FL Zip Code **33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	SMITH, MICHAEL J
STREET ADDRESS	80 S.W. 8TH STREET
CITY-ST-ZIP	MIAMI FL 33130
TITLE	STD <input checked="" type="checkbox"/> Delete
NAME	SERRATS, SUSAN
STREET ADDRESS	80 S.W. 8TH STREET
CITY-ST-ZIP	MIAMI FL 33130
TITLE	DP <input checked="" type="checkbox"/> Delete
NAME	DRODY, S. LANI
STREET ADDRESS	30 SW 8TH STREET SUITE 1870
CITY-ST-ZIP	MIAMI FL 33130
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denise DALUNDO
STREET ADDRESS	13413 SW 27 ST
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	V. President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruben Leon
STREET ADDRESS	13403 SW 27 St.
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY HOPWOOD
STREET ADDRESS	13388 SW 28 ST
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Smith
STREET ADDRESS	37th St.
CITY-ST-ZIP	MIRAMAR FL 33027
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rudy Ackerman
STREET ADDRESS	13318 SW 28th St
CITY-ST-ZIP	MIRAMAR FL 33027
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Denise Dalundo* 4/21/03

CR2E037 (10/02)