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FILED
07 MAY -1 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000000748

1. Entity Name
ADRIAN EXECUTIVE HOMES AT MONARCH LAKES HOMEOWNERS' ASSOCIATION,INC.

Principal Place of Business	Mailing Address
%DCI, 2035 HARDING ST #200 HOLLYWOOD, FL 33020 US	2035 HARDING ST SUITE 200 HOLLYWOOD, FL 33020 US C/O MIAMI MANAGEMENT

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
C/O Miami Managenet	1145 Sawgrass Corp Pkwy
Suite, Apt. #, etc. 1145 Sawgrass Corp Pkwy	Suite, Apt. #, etc.
City & State Sunrise Fl	City & State Sunrise FL
Zip / Country 33323 / USA	Zip / Country 33323 / USA

02012007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0909898
☐ 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
ZIFRONY, MATTHEW ESQ TRIPP SCOTT P.A. 110 SE 6TH STREET, 15TH FLOOR FT. LAUDERDALE, FL 33301	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARMONA, ISELA 13744 SW 27TH ST MIRAMAR, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Isela Carmona 1145 Sawgrass Corp Pkwy Sunrise, FL 33323	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LUCES, RICARDO 13735 SW 27TH ST MIRAMAR, FL 33027	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Ricardo Luces 1145 Sawgrass Corp Pkwy Sunrise, FL 33323	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROSS, DAVID 2679 SW 137TH AVE MIRAMAR, FL 33027	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD David Ross 1145 Sawgrass Corp Pkwy Sunrise, FL 33323	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANZA, JOHN 2695 SW 137TH AVE MIRAMAR, FL 33027	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director John Lanza 1145 Sawgrass Corp Pkwy Sunrise, FL 33323	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JOHNSON, HAROLD 2702 SW 1ST TERR MIRAMAR, FL 33027	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AR 5/9	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Isela Carmona 4-26-07 954-846-7545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #