

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2008 8:00 am**  
**Secretary of State**

06-16-2008 90001 015 \*\*\*\*61.25

**DOCUMENT # N98000003058**

1. Entity Name  
**MELROSE TOWNHOMES AT MONARCH LAKES  
HOMEOWNERS ASSOCIATION INC.**



Principal Place of Business  
**C/O THE CONTINENTAL GROUP, INC.  
2950 NORTH 28TH TERRACE  
HOLLYWOOD, FL 33020**

Mailing Address  
**C/O THE CONTINENTAL GROUP, INC.  
2950 NORTH 28TH TERRACE  
HOLLYWOOD, FL 33020**

**60044536**



2. Principal Place of Business - No P.O. Box #

**6300 Park of Commerce Blvd**

3. Mailing Address

**6300 Park of Commerce Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05122008 Chg-NP CR2E037 (12/06)

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

4. FEI Number  
**65-0734727**

Applied For

Not Applicable

Zip  
**33487**

Country  
**USA**

Zip  
**33487**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**BAKALAR & EICHNER, P.A.  
150 SOUTH PINE ISLAND ROAD  
SUITE 540  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

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 PD ☐ Delete  
NAME NATER PAUL, ALVIN  
STREET ADDRESS 2894 SW 125 AVE  
CITY-ST-ZIP HOLLYWOOD, FL 33027

TITLE S ☒ Delete  
NAME EVERST, FREDERICK  
STREET ADDRESS 12955 SW 28 CT.  
CITY-ST-ZIP HOLLYWOOD, FL 33027

TITLE TD ☒ Delete  
NAME OGLE, SUSAN  
STREET ADDRESS 12701 SW28 CT.  
CITY-ST-ZIP HOLLYWOOD, FL 33027

TITLE VP ☒ Delete  
NAME SCHOTT, COLIN  
STREET ADDRESS 12979 SW 28TH CT  
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE D ☐ Delete  
NAME MARTI, NOEL  
STREET ADDRESS 12733 SW 28TH CT  
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition  
NAME EVERS, FREDERICK  
STREET ADDRESS 12955 SW 28 CT.  
CITY-ST-ZIP HOLLYWOOD, FL 33027

TITLE TD ☐ Change ☒ Addition  
NAME SMITH, CHARLES  
STREET ADDRESS 2813 SW 125th Ave  
CITY-ST-ZIP HOLLYWOOD, FL 33027

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/31/08**