2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N98000005633

City-St-Zip:

MIRAMAR, FL 33027

FILED Apr 12, 2009 Secretary of State

Entity Name: KINGS BAY I AT MONARCH LAKES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: THE CONTINENTAL GROUP MIAMI MANAGEMENT, INC 2950 N. 28TH TERR 1145 SAWGRASS COŔPORATE PARKWAY HOLLYWOOD, FL 33020 SUNRISE, FL 33323 New Mailing Address: **Current Mailing Address:** THE CONTINENTAL GROUP MIAMI MANAGEMENT, INC 2950 N. 28TH TERR 1145 SAWGRASS COŔPORATE PARKWAY HOLLYWOOD, FL 33020 SUNRISE, FL 33323 FEI Number: 65-0868971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAKALA, BROUGH & CHADROW 150 SOUTH PINE ISLAND ROAD SUITE 540 PLANTATION, FL 33324 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LORIGA, BARBARA Name: Name: 13435 SW 22 ST Address: Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: Title: () Delete Title: () Change () Addition PEDRO, CADAVIECO A Name: Name: Address: 2376 SW 135TH AVE Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: Title: () Delete Title: () Change () Addition SANCHEZ, DANIEL Name: Name: 5347 SW 183RD AVENUE Address: Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: RAMOS, HECTOR Name: 13487 SW 23RD STREET Address: Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: Title: Title: () Delete () Change () Addition CUEVAS, FRANCISCO Name: Name: 13488 SW 23 ST Address: Address:

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.

City-St-Zip:

SIGNATURE: PEDRO CADAVIECO **PRES** 04/12/2009