

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000852

FILED
Apr 01, 2019
Secretary of State
5152806009CC

Entity Name: MELROSE HOMES II AT MONARCH LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ATLANTIS MANAGEMENT SERVICES
11011 SHERIDAN STREET SUITE 208
COPPER CITY, FL 33026

Current Mailing Address:

C/O ATLANTIS MANAGEMENT SERVICES
11011 SHERIDAN STREET SUITE 208
COPPER CITY, FL 33026 US

FEI Number: 65-1016578

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAW OFFICE OF ROBERT P. KELLY
2514 HOLLYWOOD BOULEVARD
SUITE 307
HOLLYWOOD, FL 33020 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: ROBERT KELLY

04/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, TREASURER
Name WELCH, RICHARD
Address C/O ATLANTIS MANAGEMENT SERVICES
 11011 SHERIDAN STREET SUITE 208
City-State-Zip: COPPER CITY FL 33026

Title VP
Name BOOS, STEPHEN
Address C/O ATLANTIS MANAGEMENT SERVICES
 11011 SHERIDAN STREET SUITE 208
City-State-Zip: COPPER CITY FL 33026

Title DIRECTOR
Name SHER, JOSHUA
Address C/O ATLANTIS MANAGEMENT SERVICES
 11011 SHERIDAN STREET SUITE 208
City-State-Zip: COPPER CITY FL 33026

Title SECRETARY
Name PEARSON, SANDRA
Address C/O ATLANTIS MANAGEMENT SERVICES
 11011 SHERIDAN STREET SUITE 208
City-State-Zip: COPPER CITY FL 33026

Title DIRECTOR
Name FOJO, CARLOS
Address C/O ATLANTIS MANAGEMENT SERVICES
 11011 SHERIDAN STREET SUITE 208
City-State-Zip: COPPER CITY FL 33026

Title DIRECTOR
Name JOHANNES, SANDRA
Address C/O ATLANTIS MANAGEMENT SERVICES
 11011 SHERIDAN STREET SUITE 208
City-State-Zip: COPPER CITY FL 33026

I hereby 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 all other like empowered.

SIGNATURE: RICHARD WELCH

PRESIDENT

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date