

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000852

Entity Name: MELROSE HOMES II AT MONARCH LAKES HOMEOWNERS ASSOCIATION, INC.**FILED**
Feb 20, 2017
Secretary of State
CC1856074640**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****02/20/2017**

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****02/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date