

DOCUMENT # 754122

1. Entity Name

MIDWAY GARDENS APARTMENTS CONDOMINIUM ASSOCIATIO

Principal Place of Business

Mailing Address

P O BOX 52-1195
MIAMI FL 33152

P O BOX 52-1195
MIAMI FL 33152-1195

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2646694

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

**CASO, CARLOS R ESQ
1300 CORAL WAY
STE 301
MIAMI FL 33145**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
NAME **MC GEE, GIGI**
STREET ADDRESS **8293 NW 7 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD Delete
NAME **CABELLO, SUSANA**
STREET ADDRESS **8219 NW 7ST**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD Delete
NAME **MILLER, AISHA**
STREET ADDRESS **8208 NW 8 ST**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE SD Change Addition
NAME **AISHA ELLZEY**
STREET ADDRESS **8208 NW 8 ST**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE D Delete
NAME **HERNANDE, ADA**
STREET ADDRESS **8263 NW 7ST**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE VP Change Addition
NAME **ADA HERNANDEZ**
STREET ADDRESS **8263 NW 7ST**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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 exemption stated in Section 119.07(3)(i), 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:

AISHA ELLZEY

1/10/00 305-266-1911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/99)

FILED

00 MAR -1 PM 2:20

SEC. TALLAHASSEE
6-0-1659A



DO NOT WRITE IN THIS SPACE