

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:01

DOCUMENT # **768554** (8)
1. Corporation Name
MNTY CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business Mailing Address
865 N.E. 209TH ST. MIAMI, FL. 33179 **865 N.E. 209TH ST. MIAMI, FL. 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/20/1983** 3a. Date of Last Report **04/01/1994**
4. FEI Number **59-2390638** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LERNER, USA
865 NE 209 ST. N.
MIAMI FL 33179**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SOLAWAY, NEAL
STREET ADDRESS	841 NE 207 LANE, #201
CITY-ST-ZIP	MIAMI FL
TITLE	VP
NAME	GROSSO, MARY JANE
STREET ADDRESS	821 N.E. 207 TERR.
CITY-ST-ZIP	MIAMI, FL.
TITLE	D
NAME	DAITZ, EVAN
STREET ADDRESS	831 NE 207 LANE #103
CITY-ST-ZIP	MIAMI FL
TITLE	DT
NAME	KLINGMAN, KENNETH
STREET ADDRESS	841 NE 207 LANE, #207
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	BASHER, RICHARD
STREET ADDRESS	851 NE 207 TERR
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	BUTCHER, JON A
STREET ADDRESS	821 NW 207 LANE, #101
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DELETE DIRECTOR
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jon A Butcher, SECRETARY Date: 3-6-95 654-4474