

2.3-97 15-1254-C  
**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 03 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

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



Principal Place of Business Mailing Address  
**865 N.E. 209TH ST. MIAMI, FL. 33179**      **865 N.E. 209TH ST. MIAMI, FL. 33179-1254**

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 29 Zip Country  
 24 25 28 30

3. Date Incorporated or Qualified **05/20/1983** 3a. Date of Last Report **06/28/1996**  
 4. FEI Number **59-2390638** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 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, LISA**  
**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLAWAY, NEAL	1.2 NAME	
STREET ADDRESS	841 NE 207 LANE, #201	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSO, MARY JANE	2.2 NAME	
STREET ADDRESS	821 N.E. 207 TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	2.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTERSON, CHRISTOPHER	3.2 NAME	<b>SECRETARY</b>
STREET ADDRESS	851 NE 209 TERR	3.3 STREET ADDRESS	<b>KENNETH KLINGMAN</b>
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	<b>841 NE 207 LANE #106</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASHER, RICHARD	4.2 NAME	
STREET ADDRESS	851 NE 207 TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTCHER, JON A	5.2 NAME	<b>TREASURER</b>
STREET ADDRESS	821 NW 207 LANE, #101	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: \_\_\_\_\_ **RECEIVED** **1-27-97 654 4474**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033351

CR2E037 (9/96)