


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90039 040 ****61.25

DOCUMENT # 768554 1. Entity Name MNTY CONDOMINIUMS ASSOCIATION, INC.	
---	---

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

40005903



DO NOT WRITE IN THIS SPACE

01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2390638	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOLNAR, MARY E
865 NE 209 ST. N.
MIAMI, FL 33179

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLAWAY, NEAL 841 NE 207 LANE, #201 MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOWEN, OSCAR 865 NE 209 STREET MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BUTCHER, JON A 821 NW 207 LANE, #101 MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Jon A. Butcher* 1-20-05 305 654-4474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JON A. BUTCHER