

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90166 025 \*\*\*\*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

40049424



**DO NOT WRITE IN THIS SPACE**

03192007 No Chg-NP CR2E037 (4/06)

4. FEI Number: 59-2390638  
 Applied For: Not Applicable

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

**Filing Fee is \$61.25 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SOLAWAY, NEAL
STREET ADDRESS	865 NE 209TH ST.
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	VP
NAME	TORRES, LUZ
STREET ADDRESS	865 NE 209 STREET
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	STD
NAME	BUTCHER, JON A
STREET ADDRESS	865 NE 209TH ST.
CITY-ST-ZIP	MIAMI, FL 33179
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 exemptions contained in Chapter 119, 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: *Mary E Molnar*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-07 305-654-4474  
 Date Daytime Phone #