

FILE NOW: FILING FEE IS \$61.25

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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07476** (7)

1. Corporation Name

MIDWAY MANSIONS TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**7989 NW 7 STREET
MIAMI FL 33126**

Mailing Address

**PO BOX 55003
RELIABLE MANAGEMENT SERVICES, INC
MIAMI FL 33156-9063**



3. Date Incorporated or Qualified

02/05/1985

4. FEI Number

59-2615011

Applied For
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

**26 UNLIMITED MANAGEMENT
SERVICES INC.**

27 P.O. BOX 440067

28 City & State MIAMI, FL 33144-0067

29 Zip Country

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. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERNANDEZ, LUIS
943 SW 87 AVE
MIAMI FL 33174**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**T/D
NAME GOMEZ, RAFAEL
STREET ADDRESS 2801 FLORIDA AVE.
CITY-ST-ZIP MIAMI FL 33133**

TITLE ☐ DELETE

**P/D
NAME PULIDO, REGLA
STREET ADDRESS 7993 NW 7 STREET #1
CITY-ST-ZIP MIAMI FL 33126**

TITLE ☐ DELETE

**S/D
NAME PORTUONDO, YOLANDO
STREET ADDRESS 7991 NW 7 STREET #7
CITY-ST-ZIP MIAMI FL 33126**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

[Signature] Director

2/7/98

CP2E037 (1097)