

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2006 8:00 am
Secretary of State

06-22-2006 90002 013 ****61.25

DOCUMENT # N07476					
1. Entity Name MIDWAY MANSIONS TOWNHOMES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7989 NW 7 STREET MIAMI, FL 33126			Mailing Address PO BOX 440067 MIAMI, FL 33144 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2615011	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEREZ-SIAM, FRANK 7001 SW 87 CT MIAMI, FL 33173			Name <u>Unlimited Property Management</u> Street Address (P.O. Box Number is Not Acceptable) <u>7655 NW 50 ST</u> City <u>Miami</u> FL Zip Code <u>33166</u>		
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 <u>04/08/06</u>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			DATE		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALCARCEL, BARBARA 7001 SW 87 CT MIAMI, FL 33173	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEON, NORMA 7001 SW 87 CT MIAMI, FL 33173	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GANEM, RAFAEL 7001 SW 87 CT MIAMI, FL 33173	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PULIDO, REGLA 7001 SW 87 CT MIAMI, FL 33173	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	b10 Pulido, Regla 7001 SW 87 CT MIAMI, FL 33173 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRELLERS, BLANCA 7001 SW 87 CT MIAMI, FL 33173	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T10 Trellers, Blanca 7001 SW 87 CT MIAMI, FL 33173 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:			DATE <u>04/08/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		