

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002883 (6)

1. Corporation Name

3059 MATILDA STREET CONDOMINIUM ASSOCIATION, INC



Principal Place of Business

Mailing Address

**3059 MATILDA ST.
COCONUT GROVE FL 33133**

**3057 MATILDA ST.
COCONUT GROVE FL 33133**

3. Date Incorporated or Qualified
06/10/1994

3a. Date of Last Report
11/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

APPLIED FOR 65-0613385

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

10. Name and Address of New Registered Agent

**TOMB
CLIFFORD V JR
3057 MATILDA ST.
COCONUT GROVE FL 33133**

81 Name

CLIFFORD V. Tomb JR.

82 Street Address (P.O. Box Number is Not Acceptable)

3057 Matilda ST.

83

84 City

COCONUT GROVE

FL

85 Zip Code
33133

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

Clifford V. Tomb Jr.

Clifford V. Tomb Jr.

2/13/96

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **BEACH, BENJAMIN**
CITY-ST-ZIP **3059 MATILDA ST
COCONUT GROVE FL 33133**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **CLIFFORD V JR**
CITY-ST-ZIP **3057 MATILDA ST
COCONUT GROVE FL 33133**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **CLIFFORD V. Tomb JR**
2.3 STREET ADDRESS **3057 Matilda ST.**
2.4 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ DELETE
NAME **DST**
STREET ADDRESS **MYLENE, MORENO**
CITY-ST-ZIP **3057 MATILDA ST.
COCONUT GROVE FL 33133**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Clifford V. Tomb Jr.

2/13/96

305-448-3626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)