

**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 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

APPLIED FOR 65-0613385

Applied For

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  
~~TOMLO~~, 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

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

Clifford V. Tomb Jr.

(NOTE: Registered Agent signature required when reinstating)

2/13/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE DV  DELETE  
NAME ~~TOMLO~~, CLIFFORD V JR TOMB  
STREET ADDRESS 3057 MATILDA ST  
CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE DST  DELETE  
NAME MYLENE, MORENO  
STREET ADDRESS 3057 MATILDA ST.  
CITY-ST-ZIP 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:

Signature typed or printed name of signing officer or director

2/13/96

DATE

305-448-3626

Daytime Phone #

CR2E037 (12/95)