

FILE NOW: FILING FEE IS \$61.25

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**Feb 05 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 # N94000002883 (6)
1. Corporation Name
3059 MATILDA STREET CONDOMINIUM ASSOCIATION, INC



Principal Place of Business 3059 MATILDA ST. COCONUT GROVE FL 33133	Mailing Address 3057 MATILDA ST. COCONUT GROVE FL 33133
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3. Date Incorporated or Qualified 06/10/1994	
4. FEI Number 65-0613385	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	VELEZ-FELFE, SANDRA	
STREET ADDRESS	3059 MATILDA ST	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TOMB, JR. C	
STREET ADDRESS	3057 MATILDA ST	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MYLENE, MORENO	
STREET ADDRESS	3057 MATILDA ST.	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	FELFE, PAUL A	
STREET ADDRESS	3059 MATILDA ST	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Velez-Felfe, Sandra	
1.3 STREET ADDRESS	3059 Matilda St.	
1.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tomb, Jr. Clifford	
2.3 STREET ADDRESS	3057 MATILDA ST.	
2.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Felfe, Paul A.	
4.3 STREET ADDRESS	3059 Matilda St.	
4.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Clifford V. Tomb Jr.* *Clifford V. Tomb Jr.* *16168 205448-3626*

CR2E037 (10/97)