

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000001543 (5)

1. Corporation Name
MANSFIELD PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1925 WASHINGTON AVENUE
MIAMI BEACH FL 33139

Mailing Address
1925 WASHINGTON AVENUE
MIAMI BEACH FL 33139-1950

3. Date Incorporated or Qualified
03/21/1996

3a. Date of Last Report
N/A

4. FEI Number
APPLIED FOR

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
WOLFARTH, ROBERT J
1925 WASHINGTON AVENUE
MIAMI BEACH FL 33139

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

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: *Robert Wolfarth* DATE: 2/13/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WOLFARTH, ROBERT J	
STREET ADDRESS	1925 WASHINGTON AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WOLFARTH, KATHLEEN Z	
STREET ADDRESS	1925 WASHINGTON AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WOLFARTH, ROBERT J II	
STREET ADDRESS	1925 WASHINGTON AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MACDONALD KENNEDY	
1.3 STREET ADDRESS	1925 WASHINGTON AVE #9	
1.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
2.1 TITLE	DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JEFFERY KAMP	
2.3 STREET ADDRESS	1925 WASHINGTON AVE #18	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
3.1 TITLE	DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MICHAEL MOYE	
3.3 STREET ADDRESS	1925 WASHINGTON AVE #19	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 do 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: *MacDonald Kennedy* DATE: 2/13/97

REQUIREDD (1305) 347-6620

CR2E037 (9/96)