

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

1925 WASHINGTON AVENUE
MIAMI BEACH FL 33139

1925 WASHINGTON AVENUE
MIAMI BEACH FL 33139



3. Date Incorporated or Qualified

03/21/1996

4. FEI Number 65-0779618

Applied For

APPLIED FOR

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1925 Washington Avenue

26 1925 Washington Avenue

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

Unit #9

Unit #9

23 City & State

28 City & State

Miami Beach, FL

Miami Beach, FL

24 Zip

25 Country

29 Zip

30 Country

33139

USA

33139

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACDONALD, KENNEDY
1925 WASHINGTON AVE.
#9
MIAMI BEACH FL 33139

81 Name Mac Kennedy

82 Street Address (P.O. Box Number is Not Acceptable)
1925 #9 Washington Ave.

83

84 City Miami Beach

FL

85 Zip Code 33139

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: *Mac Kennedy* Mac Kennedy President of Association April 5, 1998
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MACDONALD, KENNEDY
STREET ADDRESS 1925 WASHINGTON AVE., #9
CITY-ST-ZIP MIAMI BEACH FL

1.1 TITLE .DA President Director
1.2 NAME Macdonald Kennedy
1.3 STREET ADDRESS 1925 Washington Ave., #9
1.4 CITY-ST-ZIP Miami Beach, FL 33139

TITLE D
NAME KAMP, JEFFERY
STREET ADDRESS 1925 WASHINGTON AVE., #18
CITY-ST-ZIP MIAMI BEACH FL

2.1 TITLE DT Treasurer Director
2.2 NAME Jeffery Kamp
2.3 STREET ADDRESS 1925 Washington Ave., #18
2.4 CITY-ST-ZIP Miami Beach, FL 33139

TITLE D
NAME MOYE, MICHAEL
STREET ADDRESS 1925 WASHINGTON AVE., #19
CITY-ST-ZIP MIAMI BEACH FL

3.1 TITLE DS Secretary Director
3.2 NAME Sally Elert
3.3 STREET ADDRESS 1925 Washington Ave., #5
3.4 CITY-ST-ZIP Miami Beach, FL 33139

TITLE D
NAME Secretary
STREET ADDRESS Sally Elert
CITY-ST-ZIP 1925 Washington Ave #5
Miami Beach FL 33139

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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: *Oelhu Kampa* Treasurer

April 5, 1998 (305) 377-5314

CR2E037 (10/97)