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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001543

1. Corporation Name

MANSFIELD PARK CONDOMINIUM ASSOCIATION, INC.

492905 - 90143 - 18

Principal Place of Business

1925 WASHINGTON AVENUE
UNIT 9
MIAMI BEACH FL 33139
US

Mailing Address

1925 WASHINGTON AVENUE
UNIT 9
MIAMI BEACH FL 33139
US

2. Principal Place of Business

21 1925 Washington Avenue

Suite, Apt. #, etc.

22 Unit 19

City & State

23 Miami Beach, FL

Zip

24 33139

Country

25 US

2a. Mailing Address

26 1925 Washington Avenue

Suite, Apt. #, etc.

27 Unit 19

City & State

28 Miami Beach, FL

Zip

29 33139

Country

30 US

3. Date Incorporated or Qualified

03/21/1996

4. FEI Number

65-0779618

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

9. Name and Address of Current Registered Agent

KENNEDY, MAC

1925 WASHINGTON AVE.

MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name Kennedy, Mac

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

1925 Washington Avenue

83 #19

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. Same registered

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME MACDONALD, KENNEDY

STREET ADDRESS 1925 WASHINGTON AVE., #9

CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE DTV ☐ DELETE

NAME KAMP, JEFFERY

STREET ADDRESS 1925 WASHINGTON AVE., #18

CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE DS ☒ DELETE

NAME ELERT, SALLY

STREET ADDRESS 1925 WASHINGTON AVE, 5

CITY-ST-ZIP MIAMI BCH FL 33139

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME Kennedy, MacDonald

1.3 STREET ADDRESS 1925 Washington Ave. #19

1.4 CITY-ST-ZIP Miami Beach, FL 33139

2.1 TITLE DTV ☒ Change ☐ Addition

2.2 NAME Kamp, Jeffrey

2.3 STREET ADDRESS 1925 Washington Ave., #18

2.4 CITY-ST-ZIP

3.1 TITLE DS ☐ Change ☒ Addition

3.2 NAME Birch, Dawn

3.3 STREET ADDRESS 1925 Washington Ave., #8

3.4 CITY-ST-ZIP Miami Beach, FL 33139

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.27.99

305 349-1300

Date

Daytime Phone #

CR2E037 (1/98)