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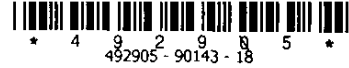
NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N96000001543

1. Corporation Name

MANSFIELD PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1925 WASHINGTON AVENUE  
UNIT 9  
MIAMI BEACH FL 33139  
US

1925 WASHINGTON AVENUE  
UNIT 9  
MIAMI BEACH FL 33139  
US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 1925 Washington Avenue

26 1925 Washington Avenue

03/21/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
65-0779618

Applied For  
Not Applicable

22 Unit 19

27 Unit 19

23 Miami Beach, FL

28 Miami Beach, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 33139 25 US

29 33139 30 US

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME MACDONALD, KENNEDY  
STREET ADDRESS 1925 WASHINGTON AVE., #9  
CITY-ST-ZIP MIAMI BEACH FL 33139

1.1 TITLE DP  
1.2 NAME Kennedy, MacDonald  
1.3 STREET ADDRESS 1925 Washington Ave. #19  
1.4 CITY-ST-ZIP Miami Beach, FL 33139

TITLE DTV  
NAME KAMP, JEFFERY  
STREET ADDRESS 1925 WASHINGTON AVE., #18  
CITY-ST-ZIP MIAMI BEACH FL 33139

2.1 TITLE DTV  
2.2 NAME Kamp, Jeffrey  
2.3 STREET ADDRESS 1925 Washington Ave., #18  
2.4 CITY-ST-ZIP

TITLE DS  
NAME ELERT, SALLY  
STREET ADDRESS 1925 WASHINGTON AVE, 5  
CITY-ST-ZIP MIAMI BCH FL 33139

3.1 TITLE DS  
3.2 NAME Birch, Dawn  
3.3 STREET ADDRESS 1925 Washington Ave., #8  
3.4 CITY-ST-ZIP Miami Beach, FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: [Signature] JEFFERY R. KAMP 4.27.99 305 349-1300

CR2E037 (1/98)