
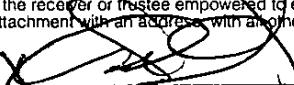


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90420 020 \*\*\*\*61.25

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # N96000001543</b><br>1. Entity Name<br><b>MANSFIELD PARK CONDOMINIUM ASSOCIATION, INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br>1925 WASHINGTON AVENUE<br>OFFICE<br>MIAMI BEACH, FL 33139 US  |  |   | Mailing Address<br>1925 WASHINGTON AVENUE<br>OFFICE<br>MIAMI BEACH, FL 33139 US |  |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |  |  |
| City & State   |  | City & State  |   |  |  |
| Zip  | Country  | Zip   | Country   |  |  |
| 6. Name and Address of Current Registered Agent  |  |   |   | 7. Name and Address of New Registered Agent  |  |
| GONZALEZ, ANA<br>1925 WASHINGTON AVENUE<br>#19<br>MIAMI BEACH, FL 33139  |  |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>  |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |  |   |   |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |   |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be<br>Added to Fees  |  |
| Make check payable to<br><b>Florida Department of State</b>  |  |   |   |  |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                           |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>GONZALEZ, ANA<br>1925 WASHINGTON AVE #19<br>MIAMI BEACH, FL 33139    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <del>John Belush</del><br><del>1925 Washington Ave, Unit</del><br><del>Miami Beach, FL 33139</del> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Change           <input checked="" type="checkbox"/> Addition         </div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DSV<br>KAMP, JEFFERY<br>1925 WASHINGTON AVE., #18<br>MIAMI BEACH, FL 33139 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | Christine Martinez<br>1925 Washington Ave Unit 14<br>Miami Beach, FL 33139 <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input checked="" type="checkbox"/> Addition         </div>                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DV<br>BIRCH, DAWN<br>1925 WASHINGTON AVENUE #8<br>MIAMI BCH, FL 33139      | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | Michael Belush<br>1925 Washington Ave, Unit 27<br>Miami Beach, FL 33139 <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BORY, LIDICE<br>1925 WASHINGTON AVE. #28<br>MIAMI BEACH, FL 33139     | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DV<br>SIMPSON, AL<br>1925 WASHINGTON AVE #16<br>MIAMI BEACH, FL 33139      | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DTV<br>STILLSON, DAVID<br>1925 WASHINGTON AVE #17<br>MIAMI BEACH, FL 33139 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>  |  |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with another like empowered. |  |   |   |  |  |
| <b>SIGNATURE:</b>   |  |   | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR              |  |  |
| Date   |  |   | Daytime Phone #   |  |  |