## **2008 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # N96000001543

1. Entity Name

FILED Feb 25, 2008 8:00 am Secretary of State 02-25-2008 90046 033 \*\*\*\*61.25

MANSFIE	ELD PARK CONDOMINIUN	M ASSO	CIATION, INC				02-2	.3-2008 90040	033	01.23		
Principal Place of Business 1925 WASHINGTON AVENUE OFFICE MIAMI BEACH, FL 33139 US		8600 Suiti	Mailing Address 8600 NW 17 STREET SUITE 145 DORAL, FL 33126 US					<b>.</b>	i <b>4116</b> 1 11 <b>8</b> 1		HI <b>ri o</b> k ( <b>111</b> )	
2. Principal Place of Business - No P.O. Box # 3. N		3. Mail	. Mailing Address									
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				01212008 <sub>Ch</sub>	ng-NP C	R2E037	7 (12/06)_		
City & State		Cit	City & State			4. FEI Number 65-0779618					oplied For ot Applicable	
Zip	Country Z		ip Count		ntry		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and Address of Curren	nt Registere	d Agent				7. Name and Add	ress of New Regi	stered A	gent		
DENNIS E	ISINGER PA				Name							
DENNIS EISINGER, PA 4000 HOLLYWOOD BLVD SUITE 265 SOUTH			Street Address			tress (F	(P.O. Box Number is Not Acceptable)					
	OOD, FL 33021											
					City				FL	Zip Cod	e	
	e named entity submits this statement	for the purp	ose of changing its	registere	d office or re	egistere	ed agent, or both, in	the State of Florida		miliar with,	and accept	
the obligat	tions of registered agent.											
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if app	Note: (NOTE:	: Registered	i Agent signature i	pequired	when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.									
- <u>-</u> .	_						\$5.00 May Be Added to Fees			payable t ment of S		
10.	_	DIRECTORS	Trust Fund C			J		Florida	Depart	ment of S	tate	
10.	OFFICERS AND D	DIRECTORS	Trust Fund C	ontributi	on. 🗆	J	Added to Fees	Florida	Departi AND DIR	ment of S	tate	
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Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Horida 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 all other like empowered.

SIGNATURE: 2

MICHAEL BELUSH

786-205-1354 Daytime Phone #