

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000003870 1. Entity Name 30-32 MATILDA STREET CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 3230 MATILDA STREET COCONUT GROVE, FL 33133	Mailing Address 3230 MATILDA STREET COCONUT GROVE, FL 33133
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02162004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0804742	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
SEIDEL, JOHN C 3230 MATILDA STREET COCONUT GROVE, FL 33133	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000059112 02/20/04-80068-007 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SEIDEL, JOHN C 3230 MATILDA STREET COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SEIDEL, CHARLETTE S 5880 SW 117 STREET CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROBERTS, GAY 3232 MATILDA STREET COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE: John C. Seidel **John C. Seidel** 2/16/04 305 460-6145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #