FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N97000004558 (9) **DOCUMENT**

3150-3152 MATILDA CONDOMINIUM ASSOCIATION, INC.

FILED						
Feb 17 1998 8:00am	1					
Secretary of State						

0202 -825 COOE

				1883
Principal Place	e of Business	Mailing Address		T TOBESTAND WAS TRAIN TOBEST ONLY MOTIN BOTHS DOWN BEERS BUILD DOWN 1881
3152 MATILDA ST. COCONUT GROVE FL 33133		3152 MATILDA ST. COCONUT GROVE FL 33133		3. Date Incorporated or Qualified 08/11/1997
				4. FEI Number Applied For Not Applicable
	lace of Business	2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional
21 Suite Ant	44 - 4 -	26 Suite Apt # ste		Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State)	City & State		7. Is this nonprofit corporation a homeowners association? Yes No
Zip	Country	28 Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Currer	t Registered Agent		10. Name and Address of New Registered Agent
			81 Name	Arthur J Bods
	Z, JUAN A		82 Street A	ddress (P.OnBox Nember Is Not Acceptable)
MAMIFI	: K endall Dr., Ste. 910 - 1 -33 176		83	Dad Printing day to Pan
	•		84 City	Co : es Zin,Code
44 Divenant	to the provisions of Sections 617050	And 617 1509 Florida Statute		17)16mi FL [33]3
office or re	to the previsions of Sections of Judge egiptered agent, or both, in the State	of Florida. Such change was a	uthorized by the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent I at SIGNATURE	m familiar with, and accept the oblig-	alians of the tilen of 7.000s, Fig.	noa statutes.	1/20/28
	Signature, typed or puniod name of registered agr		Registered Agent signature re	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETÉ	1.1 TITLE	Arthur J But B Change Addition
NAME	JUAN, MIGUEL?		1.2 NAME	848 Bridian Am # 200 PD
STREET ADORESS	3 152 MATILDA ST. GOCONUT GROVE FL 33133		1.3 STREET ADDRESS	Mim. FL 33131
CITY-ST-ZIP TITLE	DV	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	
NAME	SANCHEZ, JUAN A		2.2 NAME	7 AMA TALL PARK
STREET ADORESS	10691 N. KENDALL DR., #816	ט	2.3 STREET ADDRESS	3155 Wetslife Think AD
CITY-ST-ZIP	MIAMI-FL 331787	. _	2. 4 CITY - ST - ZIP	Minmi FL 33133
Wee .	DST/	DELETE	3.1 TITLE	SVAW, ULIVVIN Change Addition
NAME	SUAZO-JUAN, OLIVIA		3.2 NAME	3152 MATIL AGUITAM SZI E
STREET ADDRESS	3152 MATNOA ST.		3.3 STREET ADDRESS	Minns FL 53131
CITY-ST-ZIP	COCONUT GROVE FL 33133	Distric	3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 City-St-Zip	
TITLE		☐ DELETE	5.1 TATLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
indicated officer or a Block 12 (sertify that the information supplied w on this annual report or supplements director of the corporation or the rect or Block 13 if changed, or on an atta	Ith this filling does not quality to al annual report is true and acci- siver of trustee empowered to e chment with an address.	if the exemption stated urate and that my sign execute this report as r	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an required by Chapter 617, Florida Statutes; and that my name appears in