

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 20, 2001 8:00 am**  
**Secretary of State**

07-20-2001 90003 035 \*\*\*\*61.25

**DOCUMENT # N96000001543**

1. Entity Name

**MANSFIELD PARK CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1925 WASHINGTON AVENUE  
~~UNIT 19~~ Office  
 MIAMI BEACH FL 33139  
 US

1925 WASHINGTON AVENUE  
~~UNIT 19~~ Office  
 MIAMI BEACH FL 33139  
 US

2. Principal Place of Business

3. Mailing Address

1925 Washington Avenue

1925 Washington Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Office

Office

City & State

City & State

Miami Beach, FL ~~33139~~

Miami Beach, FL

Zip  
 33139

Country  
 US

Zip  
 3139

Country  
 US

4. FEI Number

65-0779618

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNEDY, MAC  
 1925 WASHINGTON AVE.  
 19  
 MIAMI BEACH FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MACDONALD, KENNEDY 1925 WASHINGTON AVE, #19 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV KAMP, JEFFERY 1925 WASHINGTON AVE., #18 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BIRCH, DAWN 1925 WASHINGTON AVENUE #8 MIAMI BCH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ELERT, SALLY 1925 WASHINGTON AVENUE #5 MIAMI FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE:

*[Handwritten Signature]*

7-5-2001

305-984-6864  
 305-855-2437

CR2E037 (5/01)