Apr 01, 2002 8:00 am Secretary of State DOCUMENT # **N9600001543** 1. Entity Name 04-01-2002 90158 041 ****61.25 MANSFIELD PARK CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1925 WASHINGTON AVENUE 1925 WASHINGTON AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0779618 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KENNEDY, MAC 1925 WASHINGTON AVE. Zip Code MIAMI BEACH FL 33139 8. The above named entity sympmits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 3.20.2002 SIGNATURE (NOTE: Registered Agent signature required when reinstating) ent and title if appli VIL. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 st Fund Contribution. Added to Fees **Department of State** 1275 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND SUBECTORS 11. Delete TITLE TITLE ☐ Change Addition MACDONALD, KENNEDY NAME NAME 1925 WASHINGTON AVE, #19 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 TITLE ☐ Delete TITLE Change ☐ Addition KAMP, JEFFERY NAME NAME STREET ADDRESS STREET ADDRESS 1925 WASHINGTON AVE., #18 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete ☐ Change ☐ Addition TITLE TITLE BIRCH, DAWN NAME NAME STREET ADDRESS 1925 WASHINGTON AVENUE #8 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH FL 33139 TITLE D۷ TITLE ☐ Addition ☐ Delete Elert, Sally NAME ELERT, SALLY NAME 1925 Washington Avenue 45 STREET ADDRESS 1925 WASHINGTON AVENUE #5 STREET ADDRESS CITY-ST-ZIP Migmi Beach, FL 33139 MIAMI-FL 33139 Addition TITLE Delete TITLE ☐ Change Bill Bernandez NAME NAME 1925 Weshington Avenue #12 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Migmi Brach, FL 33139 TITLE ☐ Delete TITLE ☐ Change ☐ 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 trusteer 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 attachme

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

Prosidenty

3-20-2002 305531-6864