

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N96000001543

1. Entity Name
MANSFIELD PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1925 WASHINGTON AVENUE
OFFICE
MIAMI BEACH, FL 33139 US**

Mailing Address
**8600 NW 17 STREET
SUITE 145
DORAL, FL 33126 US**



02122007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DENNIS EISINGER, PA
4000 HOLLYWOOD BLVD
SUITE 265 SOUTH
HOLLYWOOD, FL 33021**

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	STILLSON, DAVID
STREET ADDRESS	1925 WASHINGTON AVE #17
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	VP/D
NAME	KAMP, JEFFERY
STREET ADDRESS	1925 WASHINGTON AVE., #18
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	S/D
NAME	BORY, LADICE
STREET ADDRESS	1925 WASHINGTON AVE UNIT 28
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	SARDI, CAROLINA
STREET ADDRESS	1925 WASHINGTON AVE. #25
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	T/D
NAME	BELUSH, MICHAEL
STREET ADDRESS	1925 WASHINGTON AVE, UNIT 27
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	DTV
NAME	BIRCH, DAWN
STREET ADDRESS	1925 WASHINGTON AVE #8
CITY-ST-ZIP	MIAMI BEACH, FL 33139

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05/03/07-80017-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #