

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:55

DOCUMENT # **730380** (3)

1. Corporation Name

THE MANSION TOWN HOUSE CONDOMINIUM, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

15107 NE 6TH AVE
N. MIAMI BEACH FLORIDA 33162
US

15107 NE 6TH AVE
N. MIAMI BEACH FLORIDA 33162
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

08/06/1974

04/11/1994

4. FEI Number

Applied For

59-1581035

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 15183 NE 6th Ave.

26 15183 NE 6th Ave.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Miami, FL

28 City & State
Miami, FL

24 Zip

Country

29 Zip

Country

33162

Dade

33162

Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRED, STANLEY M.
15123 N.E. 6TH AVENUE
MIAMI FL 33162

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

DATE Registered Agent (signature required when applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MULLINS, JAMES I.
STREET ADDRESS	347 NES DAIRY RD #7
CITY- ST- ZIP	MIAMI FL
TITLE	TD
NAME	PECHENIK, BEVERLY
STREET ADDRESS	15107 N.E. 6TH AVENUE-
CITY- ST- ZIP	N. MIAMI BEACH FL-
TITLE	VPD
NAME	KELLER, FAYE-
STREET ADDRESS	15155 N.E. 6TH AVENUE-
CITY- ST- ZIP	MIAMI FL-
TITLE	SD
NAME	INBODY, BURL-
STREET ADDRESS	15141 N.E. 6TH AVENUE-
CITY- ST- ZIP	MIAMI FL-
TITLE	D
NAME	ANDREW, MARTIN
STREET ADDRESS	7480 MIAMI LAKES DR G-310
CITY- ST- ZIP	MIAMI LAKES FL-
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	TD
23 STREET ADDRESS	Mary Watson
24 CITY- ST- ZIP	15147 NE 6th Ave. Miami FL 33162
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	VPD
33 STREET ADDRESS	Terry Johnson
34 CITY- ST- ZIP	15147 NE 6th Ave. Miami FL 33162
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SD
43 STREET ADDRESS	M. Ros Bleus
44 CITY- ST- ZIP	15139 NE 6th Ave. Miami FL 33162
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	D
53 STREET ADDRESS	Kevin Hicks
54 CITY- ST- ZIP	15143 NE 6th Ave. Miami FL 33162
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 executor or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached form with an address.

SIGNATURE: *James I. Mullins*
BIG LETTER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95 305-652-8185
DATE SIGNATURE

James I. Mullins-President