

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 730380 (3)
1. Corporation Name
THE MANSION TOWN HOUSE CONDOMINIUM, INC.



Principal Place of Business Mailing Address
15183 NE 6TH AVE MIAMI FL 33162 US

3. Date Incorporated or Qualified **08/06/1974** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 **15147 N.E. 6TH AVE.** 26 **15183 NE 6TH AVE.**
22 **UNIT 7** 27
23 **MIAMI FLORIDA** 28 **MIAMI FLORIDA**
24 **33162** 25 **USA** 29 **33162** 30 **USA**

4. FEI Number **59-1581035** Applied For 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**PRED, STANLEY M.
15123 N.E. 6TH AVENUE
MIAMI FL 33162**

10. Name and Address of New Registered Agent
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if April 30th. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLINS, JAMES I.	1.2 NAME MARY WATSON
STREET ADDRESS	347 IVES DAIRY RD #7	1.3 STREET ADDRESS 15147 NE 6TH AVE.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP MIAMI, FL 33162
TITLE	TD	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, MARY	2.2 NAME Therese Bell Biggs
STREET ADDRESS	15147 NE 6TH AVE	2.3 STREET ADDRESS 15155 NE 6TH AVE.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP MIAMI FL 33162
TITLE	VPD	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, TERRY	3.2 NAME Rony Williams
STREET ADDRESS	15147 NE 6TH AVE	3.3 STREET ADDRESS 15117 NE-6TH AVE.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP MIAMI FL 33162
TITLE	SD <i>SAME</i>	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLEUS, M. ROSE	4.2 NAME JOYCE ROSE
STREET ADDRESS	15139 NE 6TH AVE	4.3 STREET ADDRESS MIAMI FL 33162
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP MIAMI FL 33162
TITLE	D	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, KEVIN	5.2 NAME JOYCE PRICE
STREET ADDRESS	15143 NE 6TH AVE	5.3 STREET ADDRESS 15147 NE 6TH AVE.
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP MIAMI FL 33162
TITLE		6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME EULA HADLEY
STREET ADDRESS		6.3 STREET ADDRESS 151
CITY-ST-ZIP		6.4 CITY-ST-ZIP MIAMI FL 33162

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 119.07(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 receiver 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 attachment with an address.

SIGNATURE: Mary Watson 3-76-96 354-7123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Time, Phone #

CR2E037 (12/95)