## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997 DOCUMENT #

(3)

THE MANSION TOWN HOUSE CONDOMINIUM, INC.

Mailing Address

**FILED** Jul 23 1997 8:00am Secretary of State



15147 NW 6TH AVE UNIT 7 MIAMI PL 33162 US				15183 NE 6TH AVE MIAMI FL 33162-5081 US				Date Incorporated of 08/06/1974	or Qualified	3a. Date of L 04/0	ast Rep / 1996	port	
2. Principal P	lace of Busin	1988		failing Address				FEI Number 59-158 1035		-	····	lied For	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				39 100 1003	<del> </del>	<u> </u>		Applicable	
22				27			Б.	Certificate of Status	Desired	1 1 7 -	oe Fleq	iditional uired	
City & State				City & State			6.	Election Campaign	Financing	\$5	.00 N	lav Be	
23				28				Trust Fund Contribution Added to Fees					
Zip	Country			Zip Countr			8. This corporation has liability for intangible tax under s. 199.032,						
24 25				29 30 30 Begintered Agent				Florida Statutes Yes No  10. Name and Address of New Registered Agent					
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name													
סטכח פ	TAM EV M				-			6 B. H. L. L.		1-1			
PRED, STANLEY M. 15123 N.E., STH AVENUE						82 Street Address (P.O. Box Number is Not Acceptable)							
MIAMI FL 33162													
						City				<b></b> 85	Zip Co	ode	
	<u>~</u>									FL			
11. Pursuant	to the provis	ions of Section	ns 617.0502 and 617	.1508, Florida Statut Such change was a	es, the above	e-named the corr	corporation poration's be	submits this statem pard of directors. If	nent for the po nereby accep	urpose of chang It the appointme	ging its int as re	registered opistered	
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 .	Closshire head	or original name of	registered agent and title if a	poplicable (NOT	E: Registered Ac	ent signature	required when	reinstation)		DATE	····		
12.	Signature, typed		ICERS AND DIRECT	<del>``</del>	13.			DDITIONS/CHANGI	ES TO OFFIC		CTORS	IN 12	
TITLE	PD			DECETE	1.1 TITLE		DE	2		<b>2</b> c	ange	☐ Addition	
NAME	WATSON	n, mary			1.2 NAME		RON	YN WIC	LIAN	15			
STREET ADDRESS		E 6TH AVE			1.3 STREE	T ADDRESS	1.51	17 206	-67K.	Auco			
CITY-ST-ZIP	MIAMI F	<u> </u>			1.4 CITY-	ST-ZIP	101	and F	<u> </u>			TE 420	
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NAME	WATSON	N, MART E BTH AVE		2.2			15/13 N.G. 612 Ave- niami, EG, 32/62						
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NAME		S, RONY			3.2 NAME		ا ا		Mor	145	-	_	
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TALE	80			DELETE	4.1 TITLE		5.0	<b>'</b> ~	•	[ <del>4] 81</del>	ange	Addition	
NAME		M. ROSE			4. 2 NAME		us	TY AND	WA	NORF			
STREET ADDRESS		E 6TH AVE					15-16	47 NG	. 6 02	Ave	~		
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NAME		. 1/	7	- J. C.	6.2 NAME		and.	A MAJ.	Cens				
STREET ADDRESS	<i>.</i>			**	6.3 STREE	T ADDRESS	14-23	3 200	~ 8 ×	ZAAL	سصر	٠.	
CITY-ST-ZIP		1. 1. 1	7 1 7	100	6.4 CITY-	ST-ZIP	Jui/	sui,	ri	3316	2		

I do 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 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.