


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90031 043 ****61.25

DOCUMENT # 730380

1. Entity Name
THE MANSION TOWN HOUSE CONDOMINIUM, INC.



Principal Place of Business
 15147 NE 6TH AVE **15147 NE 6TH AVE**
 UNIT 7
 MIAMI, FL 33162 US **MIAMI FL 33162**

Mailing Address
 C/O ASSOCIATION MGT
 500 W. CYPRESS CREEK #230
 FORT LAUDERDALE, FL 33309 US

94035297


2. Principal Place of Business
15159 NE 6th Avenue

3. Mailing Address
 Suite, Apt. #, etc.
Unit 13

City & State
NE MIAMI BEACH

City & State
 City & State

Zip
33162 Country
USA



03022004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1581035

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KREMEN, MARSHALL CAM
C/O ASSOCIATION MGT
~~**500 W. CYPRESS CREEK RD. #230**~~
~~**FORT LAUDERDALE, FL 33309**~~
15159 NE 6TH AVE
NMB, Florida 33162

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS HENDRICKSON, SHIRLEY 15159 NE 6TH AVE UNIT 13 MIAMI, FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, ALICIA 15161 NE 6TH AVENUE MIAMI, FL 33162	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HADLEY, EULA 15133 NE 6TH AVE MIAMI, FL 33162	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, CINDY 15153 NE 6TH AVE #10 N MIAMI, FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP D/VP RONY WILLIAMS 921 NE 155th Street MIAMI, FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T LORNA FULLERTON 15127 NE 6 AVE - UNIT 38 NE MIAMI BCH, FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/S DELETTE CHARLES 15125 NE 6 AVE. UNIT 37 NE MIAMI BCH, FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/T MADELINE MARCELLIS 15119 NE 6 AVE. - UNIT 34 NE MIAMI BCH, FL. 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 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: **SHIRLEY HENDRICKSON** **3/28/04** **305-792-0055**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #