2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 🖄

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 11, 2005 8:00 am Secretary of State **DOCUMENT # 730380** 1. Entity Name 05-11-2005 90127 046 ****61.25 THE MANSION TOWN HOUSE CONDOMINIUM, INC. Principal Place of Business Mailing Address 2500 N.W. 97TH AVE. 2500 N.W. 97TH AVE. **20021855** MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Nω Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-1581035 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Э Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROTUNDO, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 2500 N.W. 97TH AVE. #200 **MIAMI FL 33172** 8. The above named entity belomits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am fam the obligation of registered agent. SIGNATURE ure, typed or printed name of registered agent and title if applicable DATE FILE NOW: FEE IS \$61.25 . 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ■ Addition TITLE **⊈** Delete THILE HENDRICKSON: SHIRLEY -NAME NAME 15159 NE 6TH AVE UNIT 13 STREET ADDRESS STREET ADDRESS MIAMI FL 33162 CITY-ST-ZIP CITY-ST-ZIP DVP Change Addition ☐ Delete TITLE TITLE WILLIAMS, RONY NAME NAME 921 NE 155TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33162 CITY-ST-ZIP CITY-ST-ZIP DΤ ☐ Delete THILE ☐ Change ☐ Addition TITLE MAME FULLERTON, LORNA 15127 NE 6TH AVE UNIT 38 STREET ADDRESS STREET ADDRESS MIAMI FL 33162 CITY-ST-7/P CITY-ST-ZIP DS --- ☐ Change ☐ Addition TITLE Delete TITLE DAVIS; CINDY NAME NAME 15153 NE 6TH AVE #10 STREET ADDRESS STREET ADDRESS N MIAMI FL 33162 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete THUE TITLE DELETTE, CHARLES NAME NAME 15125 NE 6TH AVE UNIT 37 STREET ADDRESS STREET ADDRESS **MIAMI FL 33162** CITY-ST-ZIP CITY-ST-ZIP DVT Delete □ Change Addition TITLE TITLE MARGELLIS, MADELINE NAME 15119 NE 6THA VE UNIT 34 STREET ADDRESS STREET ADDRESS MIAMI FL 33162 CITY-ST-ZIP CITY-ST-7IP 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 jkip empowered.

FILED

Daytime Phone #