


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # 730380</b>  |         |  |         |
| 1. Entity Name<br><b>THE MANSION TOWN HOUSE CONDOMINIUM, INC.</b>   |         |   |         |
| Principal Place of Business<br><b>2200 NW 102 AVE<br/>5<br/>MIAMI FL 33172<br/>US</b>   |         | Mailing Address<br><b>2200 NW 102 AVE<br/>5<br/>MIAMI FL 33172<br/>US</b>         |         |
| 2. Principal Place of Business - No P.O. Box #  |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |
| 6. Name and Address of Current Registered Agent   |         | 7. Name and Address of New Registered Agent                                       |         |
| <b>ROTUNDO, EDUARDO<br/>2200 NW 102 AVE #102<br/>MIAMI FL 33172</b>   |         | Name  |         |
|   |         | Street Address (P.O. Box Number is Not Acceptable)                                |         |
|   |         | City  |         |
|   |         | <b>FL</b> 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____  |         |   |         |



1st MOORE CR2E037 (10/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-1581035</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |   |                                    |  |
|--|---|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b> | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|---|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>DVP<br/>WILLIAMS, RONY<br/>921 NE 155TH STREET<br/>MIAMI FL 33162</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U00000709494<br/>04/25/07-80006-003 61.25</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>DT<br/>FULLERTON, LORNA<br/>15127 NE 6TH AVE UNIT 38<br/>MIAMI FL 33162</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>PD<br/>DELETTE, CHARLES<br/>15125 NE 6TH AVE UNIT 37<br/>MIAMI FL 33162</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>DVT<br/>MARGELLIS, MADELINE<br/>15119 NE 6TH AVE UNIT 34<br/>MIAMI FL 33162</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the info 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 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 c if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Gustavo Arceles* Date: *3/14/07*