

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

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

DOCUMENT # 730380

1. Entity Name

THE MANSION TOWN HOUSE CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

2200 NW 102 AVE
5
MIAMI FL 33172
US

2200 NW 102 AVE
5
MIAMI FL 33172
US

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

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

ROTUNDO, EDUARDO
2200 NW 102 AVE #102
MIAMI FL 33172

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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: DVP ☐ Delete
NAME: WILLIAMS, RONY
STREET ADDRESS: 921 NE 155TH STREET
CITY-STATE-ZIP: MIAMI FL 33162

TITLE: DT ☐ Delete
NAME: FULLERTON, LORNA
STREET ADDRESS: 15127 NE 6TH AVE UNIT 38
CITY-STATE-ZIP: MIAMI FL 33162

TITLE: PD ☐ Delete
NAME: DELETTE, CHARLES
STREET ADDRESS: 15125 NE 6TH AVE UNIT 37
CITY-STATE-ZIP: MIAMI FL 33162

TITLE: DVT ☐ Delete
NAME: MARGELLIS, MADELINE
STREET ADDRESS: 15119 NE 6TH AVE UNIT 34
CITY-STATE-ZIP: MIAMI FL 33162

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: 000000709494
CITY-STATE-ZIP: 04/25/07-80006-003 61.25

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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 Arce 3/14/07