

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90223 017 ****61.25

0031643

DOCUMENT # 730380

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



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

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

80114924



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1581035**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**KREMEN, MARSHALL CAM
C/O ASSOCIATION MGT
500 W. CYPRESS CREEK RD. #230
FORT LAUDERDALE FL 33309**

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 *K*

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TDVP	<input type="checkbox"/> Delete
NAME	HENDRICKSON, SHIRLEY	
STREET ADDRESS	15159 NE 6TH AVE UNIT 13	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORTIZ, ALICIA	
STREET ADDRESS	15161 NE 6TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HADLEY, EULA	
STREET ADDRESS	15133 NE 6TH AVE	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDRE, EVE	
STREET ADDRESS	15111 NE 6TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/PCINDY DAVIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15153 NE 6TH AVENUE # 10	
CITY-ST-ZIP	NE MIAMI, FL 33162	
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Eula Hadley*

5/13/03 (305) 492-0055

CR2E037 (10/02)