

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769107 (4)
1. Corporation Name

MAHOGANY KEY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
~~CPM COURTESY PROPERTY MANAGEMENT~~ ~~CPM COURTESY PROPERTY MANAGEMENT~~
~~13500 N. KENDALL DR., #140~~ ~~13500 N. KENDALL DR., #140~~
~~MIAMI FL 33186~~ ~~MIAMI FL 33186~~
~~US~~ ~~US~~

3. Date Incorporated or Qualified 06/24/1983
3a. Date of Last Report 03/23/1995

2. Principal Place of Business 2a. Mailing Address
21 John Creech & Associates, Inc. 26 John Creech & Associates, Inc.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 8275 SW 152 Avenue, Suite 411 27 8275 SW 152 Avenue Suite 411
City & State City & State
23 Miami, FL 28 Miami, FL
24 Zip 33193-4045 25 Country US 29 Zip 33193-4045 30 Country US

4. FEI Number 59-2446363 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BECKER, POLIAKOFF & STREITFELD, P.A.
6161 BLUE LAGOON DR., SUITE 250
MIAMI FL 33126
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, INGRID S	1.2 NAME	Carl C. Childress
STREET ADDRESS	10521 MAHOGANY KEY CIR., #206	1.3 STREET ADDRESS	10421 Mahogany Key Circle, #103
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33196
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDRESS, CARL	2.2 NAME	Ingrid Johnson
STREET ADDRESS	10421 MAHOGANY KEY CIR., #103	2.3 STREET ADDRESS	10521 Mahogany Key Circle, #206
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33196
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, BARBARA	3.2 NAME	Elizabeth Becker
STREET ADDRESS	10521 MAHOGANY KEY CIR.#102	3.3 STREET ADDRESS	10641 SW 108 Avenue
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33173
TITLE	GD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, AL	4.2 NAME	
STREET ADDRESS	10521 MAHOGANY KEY CIR., #206	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAZ, ORLANDO	5.2 NAME	
STREET ADDRESS	10521 MAHOGANY KEY CIR., #101	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	900001750389 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-03/20/96--01009--009
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carl C. Childress* March 11, 1996 (305) 385-1524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)