

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769107 (4)

1. Corporation Name
MAHOGANY KEY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 10521 MAHOGANY KEY CIRCLE #201 MIAMI FL 33196 US	Mailing Address 10521 MAHOGANY KEY CIRCLE #201 MIAMI FL 33196 US
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3. Date Incorporated or Qualified 06/24/1983	
4. FEI Number 59-2446363	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Sulte, Apt. #, etc.	26. Sulte, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Zip

9. Name and Address of Current Registered Agent

**THOMAS H. MAZZEO - B.V. MAZZEO & CO, P.A.
8900 S.W. 117TH AVE.
SUITE B-104
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL
85. Zip Code

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHILDRESS, CARL	
STREET ADDRESS	10421 MAHOGANY KEY CIRCLE, #103	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BISHER, DESIREE R	
STREET ADDRESS	10521 MAHOGANY KEY CIRCLE, #201	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JOHNSON, INGRID S	
STREET ADDRESS	10521 MAHOGANY KEY CIRCLE, #206	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ, GUSTAVO J	
STREET ADDRESS	10421 MAHOGANY KEY CIRCLE, #104	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bisher, Desiree R.	
1.3 STREET ADDRESS	10521 Mahogany Key Circle # 201	
1.4 CITY-ST-ZIP	Miami, FL 33196	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Childress, Carl	
2.3 STREET ADDRESS	10421 Mahogany Key Circle # 103	
2.4 CITY-ST-ZIP	Miami, FL 33196	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, 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: _____

CP2E037 (10/97)