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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769107

1. Corporation Name

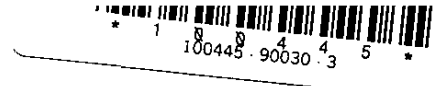
MAHOGANY KEY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

10521 MAHOGANY KEY CIRCLE #201
MIAMI FL 33196
US

Mailing Address

10521 MAHOGANY KEY CIRCLE #201
MIAMI FL 33196
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
06/24/1983

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

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
84 City 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD
NAME CHILDRESS, CARL
STREET ADDRESS 10421 MAHOGANY KEY CIRCLE, #103
CITY-ST-ZIP MIAMI FL 33196 DELETE

TITLE PD
NAME BISHAR, DESIREE R
STREET ADDRESS 10521 MAHOGANY KEY CIRCLE, #201
CITY-ST-ZIP MIAMI FL 33196 DELETE

TITLE SD
NAME JOHNSON, INGRID S
STREET ADDRESS 10521 MAHOGANY KEY CIRCLE, #206
CITY-ST-ZIP MIAMI FL 33196 DELETE

TITLE D
NAME GONZALEZ, GUSTAVO J
STREET ADDRESS 10421 MAHOGANY KEY CIRCLE, #104
CITY-ST-ZIP MIAMI FL 33196 DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

MARTHA PADREDA
10421 MAHOGANY KEY CIRCLE #102
MIA, FL 33196

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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 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, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99 (305) 595-7111
Date Daytime Phone #

CR2E037 (11/98)