

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90144 045 \*\*\*\*61.25

**DOCUMENT # 769107**

1. Entity Name  
**MAHOGANY KEY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 10521 MOHAGANY KEY CIRCLE #201 MIAMI FL 33196 US	Mailing Address 10521 MOHAGANY KEY CIRCLE #201 MIAMI FL 33196-2407 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>BCT MANAGEMENT, INC.</b> Suite, Apt. #, etc. <b>8357 W. FLAGLER ST. - PHB#352</b> City & State <b>MIAMI, FLORIDA</b> Zip <b>33144</b> Country <b>DADE</b>	3. Mailing Address <b>SAME</b> Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number <b>59-2446363</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. 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**

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD CHILDRESS, CARL 10421 MAHOGANY KEY CIRCLE, #103 MIAMI FL 33196</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BISHER, DESIREE R 10521 MAHOGANY KEY CIRCLE, #201 MIAMI FL 33196</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD JOHNSON, INGRID S 10521 MAHOGANY KEY CIRCLE, #206 MIAMI FL 33196</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PADREDA, MARTHA 10441 MAHOGANY KEY CIR. #102 MIAMI FL 33196</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAVERTON D. DIXON 10521 MAHOGANY KEY CIR. #108 MIAMI, FL 33196-</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Desiree Bissher* **REQUIRED** **04/10/00 (305) 262-1123**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)