

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


03-21-2005 90088 027 \*\*\*\*\*20.41  
 03-25-2005 90122 001 \*\*\*\*\*20.41  
 03-25-2005 90122 002 \*\*\*\*\*20.41  
 FILED 769107

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

(769107=====N)

**DOCUMENT # 769107**  
 1. Entity Name  
**MAHOGANY KEY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 % MIAMI MANAGEMENT % MIAMI MANAGEMENT  
 14275 SW 142 AVE 14275 SW 142 AVE  
 MIAMI, FL 33186 US MIAMI, FL 33186 US

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

Zip Country Zip Country  
 4. FEI Number 59-2446363 Applied For Not Applicable

03102005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent  
**CARLOS A TIAY P A**  
**10570 NW 27TH STREET**  
**#103**  
**MIAMI, FL 33172**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25  
 Due by May 1, 2005

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BISHER, DESIREE R	
STREET ADDRESS	10521 MAHOGANY KEY CIR #201	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHILDRESS, CARL	
STREET ADDRESS	10421 MAHOGANY KEY CIR #103	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GALLAGHER, ALOYSUS	
STREET ADDRESS	10521 MAHOGANY KEY CIRCLE, #208	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOOVLER, SALLIE	
STREET ADDRESS	10441 MAHOGANY KEY CIR #107	
CITY-ST-ZIP	MIAMI, FL 33194	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gonzalez, Gustavo	
STREET ADDRESS	10421 Mahogany Key Circle #107	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE		<input 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		
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: Sallie Hoover 3/17/05 305-259-1454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #