

05-04-2007 90102 013 \*\*\*\*61.25

FILED

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT****DOCUMENT # N01000008233**1. Entity Name  
**MUTINY ON THE PARK CONDOMINIUM ASSOCIATION,  
INC.**

2007 SEP 19 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

40106369

Principal Place of Business  
2889 MCFARLANE ROAD  
MIAMI, FL 33133Mailing Address  
2889 MCFARLANE ROAD  
MIAMI, FL 33133

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

05012007 Chg-NP CR2E037 (12/06)

4. FEI Number  
65-1157854Applied For  
Not Applicable5. Certificate of Status Desired ☐ - \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

URDANETA, VIRGINIA  
2889 MCFARLANE RD  
MIAMI, FL 33133

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 20079. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	DENISON, FLOYD	
STREET ADDRESS	2889 MCFARLANE ROAD	
CITY - ST - ZIP	MIAMI, FL 33133	

TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	SMITH, MICHAEL	
STREET ADDRESS	2889 MCFARLANE RD	
CITY - ST - ZIP	MIAMI, FL 33133	

TITLE	O	<input type="checkbox"/> Delete
NAME	GIERSHON, GAIL	
STREET ADDRESS	2889 MCFARLANE RD	
CITY - ST - ZIP	MIAMI, FL 33133	

TITLE	O	<input type="checkbox"/> Delete
NAME	LENNOX, EDWIN	
STREET ADDRESS	2889 MCFARLANE RD	
CITY - ST - ZIP	MIAMI, FL 33133	

TITLE	O	<input type="checkbox"/> Delete
NAME	LEBER, GRAUT	
STREET ADDRESS	2889 MCFARLANE RD	
CITY - ST - ZIP	MIAMI, FL 33133	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	LOPEZ, CONRAD	
STREET ADDRESS	2889 Mc Farlane Rd	
CITY - ST - ZIP	COCONUT GROVE FL 33133	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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

Date

Daytime Phone #

9/21/07