

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90171 047 ****61.25

DOCUMENT # N01000008233



1. Entity Name
MUTINY ON THE PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**2889 MCFARLANE ROAD
MIAMI, FL 33133**

Mailing Address
**2889 MCFARLANE ROAD
MIAMI, FL 33133**

60032828



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

65-1157854

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**URDANETA, VIRGINIA
2889 MCFARLANE RD
MIAMI, FL 33133**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/16/08

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **P** ☐ Delete
NAME **DENISON, FLOYD**
STREET ADDRESS **2889 MCFARLANE ROAD**
CITY- ST- ZIP **MIAMI, FL 33133**

TITLE **O** ☐ Delete
NAME **LOPEZ, CONRAD**
STREET ADDRESS **2889 MCFARLANE RD**
CITY- ST- ZIP **MIAMI, FL 33133**

TITLE **O** ☒ Delete
NAME **GIERSHON, GAIL**
STREET ADDRESS **2889 MCFARLANE RD**
CITY- ST- ZIP **MIAMI, FL 33133**

TITLE **O** ☐ Delete
NAME **LENNOX, EDWIN**
STREET ADDRESS **2889 MCFARLANE RD**
CITY- ST- ZIP **MIAMI, FL 33133**

TITLE **O** ☐ Delete
NAME **LEBER, GRAUT**
STREET ADDRESS **2889 MCFARLANE RD**
CITY- ST- ZIP **MIAMI, FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☒ Addition
NAME **Officer Maxine Siegler**
STREET ADDRESS **2889 McFarlane RD**
CITY- ST- ZIP **MIAMI, FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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 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

Floyd Denison

4/17/08

Date

Daytime Phone #

305-442-9112