

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004657 (3)**

1. Corporation Name

**THE MANTELL CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

255 WEST 24TH ST.  
MIAMI BEACH FL 33140

255 WEST 24TH ST.  
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified  
**10/15/1993**

3a. Date of Last Report  
**07/03/1995**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

Zip

30

4. FEI Number  
**65-0473723**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statute:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of new registered agent

**DELWOOD MANAGEMENT CO., INC.  
4431 S.W. 64TH AVENUE  
SUITE 113  
DAVE FL 33314**

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HEINZ, AURICH	
STREET ADDRESS	255 WEST 24 ST.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PORTER, STEVE	
STREET ADDRESS	255 WEST 24 ST.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BURSTEIN, HARVEY J	
STREET ADDRESS	255 WEST 24TH STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NEELY, DANIEL A.	
1.3 STREET ADDRESS	255 W. 24 STREET, APT. 202	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MACINTYRE, JOHN	
2.3 STREET ADDRESS	255 W. 24 STREET, APT. 205	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BORDEN, CLAUDIA	
3.3 STREET ADDRESS	255 W. 24 STREET, APT. 408	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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4-15-96  
JP

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL A. NEELY

Date

4/8/96 791-4800

Daytime Phone #

CR2E037 (12/95)