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

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## N93000004657 (3) DOCUMENT #

THE MANTELL CONDOMINIUM ASSOCIATION, INC.

Mailing Address Principal Place of Business 255 WEST 24TH ST. 255 WEST 24TH ST. MIAMI BEACH FL 33140-4609 MIAMI BEACH FL 33140 3a. Date of Last Report 3. Date Incorporated or Qualified 04/19/1996 10/15/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0473723 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 This corporation has tiability for intangible tax under s. 199.032, Country Żφ Country Zip Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MANAGEMENT OF BROWARD INC DELWOOD MANAGEMENT CO., INC. Street Address (P.O. Box Number Is Not Acceptable)
4431 SW 64 AUENUE 82 4431 S.W. 64TH AVENUE 83 **SUITE 113** SUITE DAVIE FL 33314 84 City Zip Code DAVIE <u> 33314</u> 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 7 jith, and accept the obligations of, Section 617.0503, Florida Statutes. HARIA BARRETO SIGNATURE: DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13. 12. Change \_\_\_ Addition THLE DP ■ DELETE 1.1 TITLE 1.2 NAME NAME NEELY, DANIEL A 1.3 STREET ADDRESS STREET ADDRESS 255 W. 24 ST. APT 202 MIAMI BEACH FL 33140 1.4 CITY-ST-ZIP CITY - \$1 - ZIP Addition Change KOELETE TITLE 2.1 TITLE STD MACINTYRE, JOHN 2.2 NAME BRESLIN, RAY NAME 255 W. 24TH ST. APT 205 2.3 STREET ADDRESS 255 W 24th STREET STREET ADDRESS MIAMI BEACH FL 33140 2. 4 CITY-ST-ZIP MIAMI BEACH. FL 33140 CiTY - ST - ZiP XX Change Addition DELETE TITI F 3.1 TITLE VP/D 3.2 NAME BORDEN, CLAUDIA BORDEN, CLAUDIA NAME 255 W. 24 Street, #408 255 W. 24 ST. APT. 408 3.3 STREET ADDRESS STREET ADDRESS MIAMI, FL 33140 MIAMI BEACH FL 33140 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 51 TITLE HILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-7/F DELETE Change Addition 61 TITLE TITLE 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. If do 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 annual report is supplemental annual 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 proposation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Bloc

NAME

STREET ADDRESS

CITY - S1 - ZIF

nenywith an address

**FILED** 

May 13 1997 8:00am

Secretary of State