


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N94000002883 (6)**  
1. Corporation Name  
**3059 MATILDA STREET CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business <b>3059 MATILDA ST. COCONUT GROVE FL 33133</b>	Mailing Address <b>3057 MATILDA ST. COCONUT GROVE FL 33133-4532</b>
---	--

3. Date Incorporated or Qualified <b>06/10/1994</b>	3a. Date of Last Report <b>02/26/1996</b>
4. FEI Number <b>65-0613385</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent  
**TOMB, JR. CLIFFORD V  
3057 MATILDA ST.  
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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: Clifford V. Tomb Jr. (NOTE: Registered Agent signature required when reinstating) DATE: 1/27/97

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BEACH, BENJAMIN	
STREET ADDRESS	3059 MATILDA ST	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TOMB, JR. C	
STREET ADDRESS	3057 MATILDA ST	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	<del>MYLENE MORENO</del>	
STREET ADDRESS	3057 MATILDA ST.	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sandra Veles-Felfle	
1.3 STREET ADDRESS	3059 Matilda St.	
1.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mylene Moreno	
3.3 STREET ADDRESS	3057 Matilda St.	
3.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
4.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Paul A. Felfle	
4.3 STREET ADDRESS	3059 Matilda St.	
4.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
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		

14. I 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 or 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Clifford V. Tomb Jr. Clifford V. Tomb Jr. DATE: 1/27/97 Daytime Phone # 305-448-3626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)