NONPROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State_



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400005222

194000005222

Mahogany Isle Homes Condominium Assoc., Inc.

Mailing Address

2a. Mailing Address

City & State

28 Miami, Fl.

Suite, Apt. #, etc.

12079 SW 131 Ave.

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90031 027 ****61.25

* 5 4 9 2 8 9 * 549209 - 90031 - 27

3. Date Incorporated or Qualifed

5.- Certificate of Status Desired — 🔲 -

10/21/1994 4. FEI Number

65-0623783

10450 SW Mahogany Cir. Miami, Fl. 33196

9380 Sunset Driv Suite B-250 Miami, Fl. 33173

9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent Susan Bakalar 2240 SW 70 Avenue Unit D Davie, F1. 33317 14. Pursuant to the provisions of Sections 617.0502 and 617.7508, Florids Statutes, the above-named corporation submits this statement for the purpose of Change is registered agent, or both, in the State of Florids Statutes, the above-named corporation submits this statement for the purpose of Change is registered office or registered agent, or both, in the State of Florids Statutes, the above-named corporation submits this statement for the purpose of Change is registered office or registered agent, or both, in the State of Florids Statutes, the above-named corporation submits this statement for the purpose of Change is registered office or registered agent, or both, in the State of Florids Statutes, the above-named corporation submits this statement for the purpose of Change is registered of the corporations to board of directors. I hereby accept the appointment as registered of the corporations to board of directors. I hereby accept the appointment as registered of the corporations to board of directors. I hereby accept the appointment as registered of the corporations to board of directors. I hereby accept the appointment as registered of the corporations to board of directors. I hereby accept the appointment as registered of the corporations to board of directors. I hereby accept the appointment as registered of the corporations to board of directors. I hereby accept the appointment as registered of the corporation to board of directors. I hereby accept the appointment as registered of the corporation to board of directors. I hereby accept the appointment as registered of the corporation to board of directors. I hereby accept the appointment as registered of the corporation to board of directors. I hereby accept the appointment as registered of the corporation to board of directors. I hereby accept the appointment as registered of the corporation to boar	Zip	Country	Zip	Country	6. Election Campaign Financing \$5.00 May Be	:	
Susan Bakalar 2240 SW 70 Avenue Unit D Davie, F1. 33317 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 opinion or registered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the objections of Sections 617,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered opinion or registered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the objections of Section 517,0502, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 13.	24	25	29 33186	<pre>United</pre>	Sts. Trust Fund Contribution . Added to Fees		
2240 SW 70 Avenue Unit D Davie, F1. 33317 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 agent, or both, in the State of Florida. Such change was authorized by the corporation source of directors. I hereby accept the appointment as registered agent, and accept the colligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNA	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
2240 SW 70 Avenue Unit D Davie, F1. 33317 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 agent, or both, in the State of Florida. Such change was authorized by the corporation source of directors. I hereby accept the appointment as registered agent, and accept the colligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNA					Larry Parks, Esq.		
Unit D Davie, F1. 33317 84 CRy Miami, F1 FL 85 33156 11. Pursuant to the provisions of Sections 617.0502 and 617.1509. Florids Statutes, the above-named corporation submits this statement for the pursoase of changing its registered office or registered agent, and mainting with, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statutes, and accept the obligatorist of, Section 617.0503, Florida Statute	-			82 Street	Address (P.O. Box Number is Not Acceptable)		
Davie, F1. 33317 State City Miami, Pl FL State St	-				60 SW 130 St.		
11. Pursuant to the provisions of Sections 817.0502 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 applicative signature. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, hyerd of printed name of registered agent and tide if applicable. (NOTE Registered Agent agricular required when refinicating)				83			
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 attributed by the corporation's board of directors. I hereby accept the appointment as registered agent, tam familiar with, and accept the obligations of, Section 617.0502 for fired Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. [INOTE Registered Agent signature rectured when reimitating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. IT.L. STREET ADDRESS STREET ADDRESS STREET ADDRESS OTF. 91. 2P TITLE WAME 1. 2 NAME 1. 2 NAME 1. 2 NAME 1. 2 NAME 1. 3 STREET ADDRESS 1. 4 OTF. 97. 2P TITLE VICE Pressident Monsen, Martha 2. 2 NAME 3. 3 STREET ADDRESS 4. 4 OTF. 97. 2P TO ELETE 1. THE 1.	Da	avie, Fl. 33317	·	84 City	iami El El 85 Zip.Code		
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14. I 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	CITY-ST-ZIP		01 (El)		d in Section 110 07/2)(i) Elected Statutes I further cartify that the information	ion	

4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the informatic 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, with all other like empowered.

SIGNATURE

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4129199 305-233-635

Daytime Phone #

CR2E037 (11/98)

Applied For

\$8.75 Additional

Fee Required

Not Applicable