


2004 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT

2/24/04 90010 031 *61.25

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005222					
1. Entity Name MAHOGANY ISLE HOMES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O MIAMI MANAGEMENT, INC. 14275 S.W. 142 AVE MIAMI, FL 33186			Mailing Address C/O MIAMI MANAGEMENT, INC. 14275 S.W. 142 AVE MIAMI, FL 33186		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0623783	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SKRLD, INC. 201 ALHAMBRA CIR., STE. 1102 CORAL SPRINGS, FL 33134				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 <i>Rose Marie Klee</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW!!! FEE IS \$61.25 After January 1, 2005. Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACEVEDO, DANIEL JR 14972 S.W. 104 STREET #101 MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MONSEN, MARTHA 14906 SW 104 ST #51 MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ABARCA, LOUISE 14888 S.W. 104TH STREET, #18 MIAMI, FL 33196 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SARA Flamerich <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14364 SW 104 ST UNIT # 14 MIAMI, FL 33196		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROCKETT, BONNIE 14924 S.W. 104 STEET #36 MIAMI, FL 33196 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE MARIE KLEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14942 SW 104 ST UNIT # 33 MIAMI, FL 33196		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO, ARI 14900 S.W. 104 STREET #61 MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900043366259 12/13/04--01060--021 **175.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000049778150 04/04/05--01019--004 **61.25		
12. 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 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				12-07-04 (305) 259-1431 Date Daytime Phone #	

REINSTATEMENT (6/04)

07-05