

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005222

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: MAHOGANY ISLE HOMES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O MIAMI MANAGEMENT, INC.  
14275 S.W. 142 AVE  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MIAMI MANAGEMENT, INC.  
14275 S.W. 142 AVE  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 65-0623783      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKRLD, INC.  
201 ALHAMBRA CIR., STE. 1102  
CORAL SPRINGS, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KLEE, ROSE MARIE  
Address: 14942 SW 104 ST #33  
City-St-Zip: MIAMI, FL 33196

Title: VPD ( ) Delete  
Name: MONSEN, MARTHA  
Address: 14906 SW 104 ST #51  
City-St-Zip: MIAMI, FL 33196

Title: SD ( ) Delete  
Name: SCHMIDT, ANA  
Address: 14812 SW 104 ST #46  
City-St-Zip: MIAMI, FL 33196

Title: D ( ) Delete  
Name: SANCHEZ, RAFAEL  
Address: 14972 SW 104 ST #106  
City-St-Zip: MIAMI, FL 33196

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KLEE, ROSE MARIE  
Address: 14275 S.W. 142 AVE  
City-St-Zip: MIAMI, FL 33186

Title: VPD (X) Change ( ) Addition  
Name: MONSEN, MARTHA  
Address: 14275 S.W. 142 AVE  
City-St-Zip: MIAMI, FL 33186

Title: SD (X) Change ( ) Addition  
Name: SCHMIDT, ANA  
Address: 14275 S.W. 142 AVE  
City-St-Zip: MIAMI, FL 33186

Title: D (X) Change ( ) Addition  
Name: SANCHEZ, RAFAEL  
Address: 14275 S.W. 142 AVE  
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSE MARIE KLEE

PD

04/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date