AMENDED

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

08-11-2003 90291 032 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005222

1. Entity Name
MAHOGANY ISLE HOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10450 S.W. MAHOGANY CIRCLE MIAMI, FL 33196	% THE CENTENIAL GROUP LTD. 12079 S.W. 131ST AVENUE MIAMI, FL 33186

2. Principal Place of Business	3. Mailing Address
C/o MIAMI MANAGEMENT, INC.	C/o MIAMI MANAGEMENT, INC.
Suite, Apt. #, etc. 14275 S.W. 142 AVE	Suite, Apt. #, etc. 14275 S.W. 142 AVE
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33186 / Country USA	Zip 33186 / Country USA

[redacted]

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0623783 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARKS, LARRY D ESQ 7460 SW 130 ST MIAMI, FL 33156	Name: LARRY D. PARKS ESQ. Street Address (P.O. Box Number is Not Acceptable): 7460 S.W. 130 STREET City: MIAMI FL Zip Code: 33156

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 _____
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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

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 SCALLEY, OLGA 14918 SW 104ST #38 MIAMI, FL 33196 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIEL ALCEVEDO JR. 14972 S.W. 104 STREET #101 MIAMI, FLORIDA 33196 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MONSEN, MARTHA 14906 SW 104 ST #51 MIAMI, FL 33196 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONNIE CROCKETT 14924 S.W. 104 STREET # 36 MIAMI, FLORIDA 33196 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ABARCA, LOUISE 14988 S.W. 104TH STREET, #18 MIAMI, FL 33196 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARI DELGADO 14900 S.W. 104 STREET #61 MIAMI, FLORIDA 33196 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)