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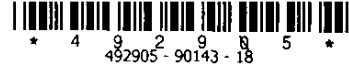
NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000001543

1. Corporation Name

MANSFIELD PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1925 WASHINGTON AVENUE
 UNIT 9
 MIAMI BEACH FL 33139
 US

1925 WASHINGTON AVENUE
 UNIT 9
 MIAMI BEACH FL 33139
 US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 1925 Washington Avenue

26 1925 Washington Avenue

03/21/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
 65-0779618

Applied For
 Not Applicable

22 Unit 19

27 Unit 19

23 Miami Beach, FL

28 Miami Beach, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 33139 25 US

29 33139 30 US

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNEDY, MAC
 1925 WASHINGTON AVE.
 #9
 MIAMI BEACH FL 33139

81 Name Kennedy, Mac
 82 Street Address (P.O. Box Number is Not Acceptable)
 1925 Washington Avenue
 83 #19
 84 City Miami Beach FL 85 Zip Code 33139

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. *Same registrant*

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE
 NAME MACDONALD, KENNEDY
 STREET ADDRESS 1925 WASHINGTON AVE., #9
 CITY-ST-ZIP MIAMI BEACH FL 33139

1.1 TITLE DP Change Addition
 1.2 NAME Kennedy, MacDonald #19
 1.3 STREET ADDRESS 1925 Washington Ave.
 1.4 CITY-ST-ZIP Miami Beach, FL 33139

TITLE DTV DELETE
 NAME KAMP, JEFFERY
 STREET ADDRESS 1925 WASHINGTON AVE., #18
 CITY-ST-ZIP MIAMI BEACH FL 33139

2.1 TITLE DTV Change Addition
 2.2 NAME #Kamp, Jeffrey
 2.3 STREET ADDRESS 1925 Washington Ave., #18
 2.4 CITY-ST-ZIP

TITLE DS DELETE
 NAME ELERT, SALLY
 STREET ADDRESS 1925 WASHINGTON AVE, 5
 CITY-ST-ZIP MIAMI BCH FL 33139

3.1 TITLE DS Change Addition
 3.2 NAME #Birch, Dawn
 3.3 STREET ADDRESS 1925 Washington Ave., #8
 3.4 CITY-ST-ZIP Miami Beach, FL 33139

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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 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: *Jeffrey R. Kamp* SIGNATURE REQUIRED: *Jeffrey R. Kamp* Date: 4.27.99 Daytime Phone #: 305 349-1300

CR2E037 (1/98)