


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90244 042 ****70.00

DOCUMENT # N96000001543
 1. Entity Name
MANSFIELD PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
1925 WASHINGTON AVENUE OFFICE MIAMI BEACH FL 33139 US **1925 WASHINGTON AVENUE OFFICE MIAMI BEACH FL 33139 US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

94072309

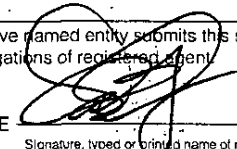


MOORE CR2E037 (11/03)

4. FEI Number **65-0779618** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BERNANDEZ, BILL
1925 WASHINGTON AVE.
19
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 Name **Gonzalez, Ana**
 Street Address (P.O. Box Number is Not Acceptable)
1925 Washington Avenue
#19
 City **Miami Beach** FL Zip Code **33139**

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  **Ana Gonzalez, President** DATE **4.26.2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERNANDEZ, BIL 1925 WASHINGTON AVE #12 MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV KAMP, JEFFERY 1925 WASHINGTON AVE., #18 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BIRCH, DAWN 1925 WASHINGTON AVENUE #8 MIAMI BCH FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ELERT, SALLY 1925 WASHINGTON AVENUE #5 MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SIMPSON, AL 1925 WASHINGTON AVE #16 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV STILLSON, DAVID 1925 WASHINTON AVE #17 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP Gonzalez, Ana 1925 Washington Ave #19 Miami Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV D Bory, Lidice 1925 Washington Ave. #28 Miami Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jose Davila 1925 Washington Ave #9 Miami Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **4.26.2004** 305 377-5350
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #