

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

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90137 033 ****61.25

DOCUMENT # N96000001543

1. Entity Name
MANSFIELD PARK CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
**1925 WASHINGTON AVENUE
OFFICE
MIAMI BEACH FL 33139
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0779618**
Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

~~KENNEDY, MAC~~
~~1925 WASHINGTON AVE.~~
~~MIAMI BEACH FL 33139~~

Name **Bill Bernardez**
Street Address (P.O. Box Number is Not Acceptable)
1925 Washington Ave.
Office
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 *[Signature]* **Bill Bernardez** President DATE **4-8-2003**
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

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 | DP | <input checked="" type="checkbox"/> Delete |
| NAME | MACDONALD, KENNEDY | |
| STREET ADDRESS | 1925 WASHINGTON AVE, #19 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | DTV | <input type="checkbox"/> Delete |
| NAME | KAMP, JEFFERY | |
| STREET ADDRESS | 1925 WASHINGTON AVE., #18 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | BIRCH, DAWN | |
| STREET ADDRESS | 1925 WASHINGTON AVENUE #8 | |
| CITY-ST-ZIP | MIAMI BCH FL 33139 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | ELERT, SALLY | |
| STREET ADDRESS | 1925 WASHINGTON AVENUE #5 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | DV | <input checked="" type="checkbox"/> Delete |
| NAME | BERNARDEZ, BILL | |
| STREET ADDRESS | 1925 WASHINGTON AVE #12 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------|---|
| TITLE | DP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Bill Bernardez | |
| STREET ADDRESS | 1925 Washington Ave. #12 | |
| CITY-ST-ZIP | Miami Beach, FL 33139 | |
| TITLE | D/S/V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D/V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D/V | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Al Simpson | |
| STREET ADDRESS | 1925 Washington Ave. #16 | |
| CITY-ST-ZIP | Miami Beach, FL 33139 | |
| TITLE | D/V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | David Stillson | |
| STREET ADDRESS | 1925 Washington Ave. #17 | |
| CITY-ST-ZIP | Miami Beach, FL 33139 | |

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]* **Jeffery Kamp** DATE **4-8-2003** **305 532-9615**

CR2E037 (10/02)