

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000003870

1. Entity Name
30-32 MATILDA STREET CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3230 MATILDA STREET
COCONUT GROVE, FL 33133**

Mailing Address
**3230 MATILDA STREET
COCONUT GROVE, FL 33133**



01252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0804742

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SEIDEL, JOHN C
3230 MATILDA STREET
COCONUT GROVE, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	SEIDEL, JOHN C
STREET ADDRESS	3230 MATILDA STREET
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	DV
NAME	SEIDEL, CHARLETTE S
STREET ADDRESS	6880 SW 117 STREET
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	DVP
NAME	ROBERTS, GAY
STREET ADDRESS	3232 MATILDA STREET
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000412105
02/10/06-80034-016 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: John Seidel (Pres.) **11/25/06** **(786) 488 9756**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #