2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000003870

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

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

DO NOT WRITE IN THIS SPACE

04022008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
65-0804742	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, 2008

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

00000000884180
04/17/08-80033-018 70.00

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	5880 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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 Seidl President_ 4/2/08 786 488 9756

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