

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 758049 (1)

1. Corporation Name

MEDITERRANEA HOMEOWNERS' ASSOCIATION, INC.



200001848062

-06/03/96--01049--020

\*\*\*61.25

Principal Place of Business: 355 IVES DAIRY ROAD MIAMI FL 33179-3331  
Mailing Address: 355 IVES DAIRY ROAD MIAMI FL 33179-3331

3. Date Incorporated or Qualified: 08/20/1981  
3a. Date of Last Report: 08/14/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2144897	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

GOMEZ, CESAR  
2911 GRAND AVE., SUITE 3-A  
COCONUT GROVE FL 33133

81 Name: Becker & Poliakoff, P.A.  
82 Street Address (P.O. Box Number is Not Acceptable): Emerald Lake Corporate Park  
83 3111 Stirling Road  
84 City: Ft. Lauderdale FL 85 Zip Code: 33310

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.

SIGNATURE: Gary A. Poliakoff, Pres. DATE: 4-10-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE: TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SALTZMAN, YUSTY		1.2 NAME: TD	
STREET ADDRESS: 337-4 IVES DAIRY		1.3 STREET ADDRESS: 33179	
CITY-ST-ZIP: MIAMI FL 33179		1.4 CITY-ST-ZIP: 33179	
TITLE: D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: GALANOS, ROBERT		2.2 NAME: Wallace, Dale	
STREET ADDRESS: 339-04 IVES DAIRY RD		2.3 STREET ADDRESS: 335-03 Ives Dairy Rd	
CITY-ST-ZIP: MIAMI FL		2.4 CITY-ST-ZIP: MIAMI FL 33179	
TITLE: VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BAUM, BURT		3.2 NAME: Larry Michelson, Larry	
STREET ADDRESS: 333-09 IVES DAIRY RD		3.3 STREET ADDRESS: 333-05 Ives Dairy Rd	
CITY-ST-ZIP: MIAMI FL		3.4 CITY-ST-ZIP: MIAMI FL 33179	
TITLE: SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: ROBINSON, LUCIA		4.2 NAME: SEAMON, JANICE	
STREET ADDRESS: 337-02 IVES DAIRY RD.		4.3 STREET ADDRESS: 333-06 Ives Dairy Rd	
CITY-ST-ZIP: MIAMI FL		4.4 CITY-ST-ZIP: MIAMI FL 33179	
TITLE: PD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: STIEFLER, JOAN		5.2 NAME: COLEMAN, BARBARA	
STREET ADDRESS: 347-2 IVES DAIRY ROAD		5.3 STREET ADDRESS: 341-01 Ives Dairy Rd.	
CITY-ST-ZIP: MIAMI FL		5.4 CITY-ST-ZIP: MIAMI FL 33179	
TITLE: V	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: FREILICH, BEN		6.2 NAME: Gotlieb, Muriel	
STREET ADDRESS: 333-08 IVES DAIRY ROAD		6.3 STREET ADDRESS: 333-01 Ives Dairy Rd	
CITY-ST-ZIP: MIAMI FL		6.4 CITY-ST-ZIP: MIAMI FL 33179	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Yusty Saltzman 3/25/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Yusty Saltzman, Treasurer  
DATE: 3/25/96  
DAYTIME PHONE #: CS 5/1/96

CR2E037 (12/95)