

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758049 (1)
1. Corporation Name
MEDITERRANEA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 355 IVES DAIRY ROAD MIAMI FL 33179-3331	Mailing Address 355 IVES DAIRY ROAD MIAMI FL 33179-3331
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/20/1981	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2144897		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BECKER & POLIAKOFF, P.A. EMERALD LAKE CORPORATE OFFICE 3111 STIRLING ROAD FT LAUDERDALE FL 33310				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	85 Zip Code	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALTZMAN, YUSTY	1.2 NAME	
STREET ADDRESS	337-4 IVES DAIRY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, DALE	2.2 NAME	
STREET ADDRESS	335-03 IVES DAIRY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELSON, LARRY	3.2 NAME	<i>Morales, Peter</i>
STREET ADDRESS	333-05 IVES DAIRY RD	3.3 STREET ADDRESS	<i>341-6 Ives Dairy</i>
CITY-ST-ZIP	MIAMI FL 33179	3.4 CITY-ST-ZIP	<i>Miami, FL 33179</i>
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAMON, JANICE	4.2 NAME	
STREET ADDRESS	333-08 IVES DAIRY RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLEMAN, BARBARA	5.2 NAME	<i>Nault, Emile</i>
STREET ADDRESS	344-01 IVES DAIRY ROAD	5.3 STREET ADDRESS	<i>325-4 Ives Dairy Rd</i>
CITY-ST-ZIP	MIAMI FL 33179	5.4 CITY-ST-ZIP	<i>Miami, FL 33179</i>
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTLIEB, MURIEL	6.2 NAME	
STREET ADDRESS	333-01 IVES DAIRY ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)