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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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

3. Date Incorporated or Qualified: 08/20/1981
4. FEI Number: 59-2144897
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
BECKER & POLIAKOFF, P.A.
EMERALD LAKE CORPORATE OFFICE
3111 STIRLING ROAD
FT LAUDERDALE FL 33310

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	Tres
NAME	SALTZMAN, YUSTY	1.2 NAME	William Marks
STREET ADDRESS	337-4 IVES DAIRY	1.3 STREET ADDRESS	331-5 Ives Dairy Rd
CITY-ST-ZIP	MIAMI FL 33179	1.4 CITY-ST-ZIP	Miami, FL 33179
TITLE	VD	2.1 TITLE	D
NAME	WALLACE, DALE	2.2 NAME	Jim A. Mann
STREET ADDRESS	335-03 IVES DAIRY RD	2.3 STREET ADDRESS	323-7 Ives Dairy Rd
CITY-ST-ZIP	MIAMI FL 33179	2.4 CITY-ST-ZIP	Miami, FL 33179
TITLE	D	3.1 TITLE	Secretary
NAME	MORALES, PETER	3.2 NAME	DORRIS MITCHELL
STREET ADDRESS	341-6 IVES DAIRY RD	3.3 STREET ADDRESS	335-2 Ives Dairy Rd
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33179
TITLE	PD	4.1 TITLE	
NAME	SEAMON, JANICE	4.2 NAME	
STREET ADDRESS	333-06 IVES DAIRY RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	NAULT, EMILE	5.2 NAME	
STREET ADDRESS	325-4 IVES DAIRY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
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	

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14. 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 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: _____ 2/2/98 305-651-2244

CR2E037 (10/97)