

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

**FILED**

**Mar 02 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 758049 (1)**  
 1. Corporation Name  
**MEDITERRANEA HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>355 IVES DAIRY ROAD MIAMI FL 33179-3331</b>	Mailing Address <b>355 IVES DAIRY ROAD MIAMI FL 33179-3331</b>
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3. Date Incorporated or Qualified <b>08/20/1981</b>		
4. FEI Number <b>59-2144897</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>BECKER &amp; POLIAKOFF, P.A. EMERALD LAKE CORPORATE OFFICE 3111 STIRLING ROAD FT LAUDERDALE FL 33310</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SALTZMAN, YUSTY 337-4 IVES DAIRY MIAMI FL 33179</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>Tres</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>William Marks</b> 1.3 STREET ADDRESS <b>331-5 Ives Dairy Rd</b> 1.4 CITY-ST-ZIP <b>Miami, FL 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WALLACE, DALE 335-03 IVES DAIRY RD MIAMI FL 33179</b> <input type="checkbox"/> DELETE	2.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>Jim A. Mann</b> 2.3 STREET ADDRESS <b>323-7 Ives Dairy Rd</b> 2.4 CITY-ST-ZIP <b>Miami, FL 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORALES, PETER 341-6 IVES DAIRY RD MIAMI FL</b> <input type="checkbox"/> DELETE	3.1 TITLE <b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME <b>DORRIS Mitchell</b> 3.3 STREET ADDRESS <b>335-2 Ives Dairy Rd</b> 3.4 CITY-ST-ZIP <b>Miami, FL 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SEAMON, JANICE 333-06 IVES DAIRY RD. MIAMI FL 33179</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NAULT, EMILE 325-4 IVES DAIRY RD MIAMI FL</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GOTLIEB, MURIEL 333-01 IVES DAIRY ROAD MIAMI FL 33179</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE	<b>600002444826</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>-03/03/98--01011--004</b>
6.3 STREET ADDRESS	<b>***61.25</b>

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)