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**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90022 038 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 758049**

1. Corporation Name

**MEDITERRANEA HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

355 IVES DAIRY ROAD  
 MIAMI FL 33179-3331

355 IVES DAIRY ROAD  
 MIAMI FL 33179-3331



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

08/20/1981

22 City & State

27 City & State

4. FEI Number  
 59-2144897

Applied For  
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
Treasurer	MARKS, WILLIAM	331-5 IVES DAIRY RD	MIAMI FL 33179	<input type="checkbox"/>
VD Vice President	WALLACE, DALE	335-03 IVES DAIRY RD	MIAMI FL 33179	<input type="checkbox"/>
D At Large	MORALES, PETER	355 IVES DAIRY RD - 337-01	MIAMI FL	<input type="checkbox"/>
PD President	SEMON, JAMES Fisher, Peter	335-03 IVES DAIRY RD - 331-10	MIAMI FL 33179	<input type="checkbox"/>
D At Large	MANNA, JIM A	323-7 IVES DAIRY RD	MIAMI FL 33179	<input type="checkbox"/>
Secretary	MITCHELL, DORRIS	335-2 IVES DAIRY RD	MIAMI FL 33179	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*William Marks*

2-22-99 (305) 770-1607

CR2E037 (1/198)