

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90199 014 ****61.25

DOCUMENT # 758049
 1. Entity 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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#0038787



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2144897	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MARKS, WILLIAM	
STREET ADDRESS	331-5 IVES DAIRY RD	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WALLACE, DALE	
STREET ADDRESS	335-03 IVES DAIRY RD	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEVIN, RAMON	
STREET ADDRESS	337-01 IVES DAIRY RD	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FISHER, PETER	
STREET ADDRESS	331-10 IVES DAIRY RD	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANNA, JIM A	
STREET ADDRESS	323-7 IVES DAIRY RD	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	S	<input type="checkbox"/> Delete
NAME	MITCHELL, DORRIS	
STREET ADDRESS	335-2 IVES DAIRY RD	
CITY-ST-ZIP	MIAMI FL 33179	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUERRA, MARITZA	
STREET ADDRESS	335-10 Ives Dairy Rd	
CITY-ST-ZIP	Miami FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dippolito, Charles	
STREET ADDRESS	339-01 Ives Dairy Rd.	
CITY-ST-ZIP	Miami, FL 33179	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James I. Mullins	
STREET ADDRESS	347-07 Ives Dairy Rd	
CITY-ST-ZIP	Miami FL 33179	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DMcCoy, Frederick	
STREET ADDRESS	325-05 Ives Dairy Rd	
CITY-ST-ZIP	Miami, FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James I. Mullins **3/24/01** **305-652-8185**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)