


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90299 049 ****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 4780 N. STATE ROAD 7 SUITE E250 LAUDERDALE LAKES, FL 33319 US	
2. Principal Place of Business 19501 NE 10th Ave		3. Mailing Address 10501 NE 10th Ave	
Suite, Apt. #, etc. 300		Suite, Apt. #, etc. 300	
City & State Miami FL		City & State Miami FL	
Zip 33179		Country USA	
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 PHOENIX MANAGEMENT 4750 N. STATE ROAD 7 SUITE E250 LAUDERDALE LAKES, FL 33319		7. Name and Address of New Registered Agent Name MSB Management Services, Inc Street Address (P.O. Box Number is Not Acceptable) 19501 NE 10th Avenue, Suite 300 City Miami FL Zip Code 33179	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Maria Gonzalez</i>		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUERRA, MARITZA 335-10 IVES DAIRY RD MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD Pearl Dana 335-07 Ives Dairy Rd Miami FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YFF, DONNA 335-01 IVES DAIRY RD MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD YFF DONNA 335-01 Ives Dairy Rd Miami FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IPPOLITO, CHARLES 339-01 IVES DAIRY RD MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IPPOLITO, CHARLES 339-01 Ives Dairy Rd Miami FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAELS, JASON 395-08 IVES DAIRY RD MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Reyes, Ricardo 32703 Ives Dairy Rd Miami FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEARLING, DENNIS 343-3 IVES DAIRY ROAD MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Borax, Daniel 337-02 Ives Dairy Rd Miami FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MITCHELL, DORRIS 335-2 IVES DAIRY RD MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MITCHELL, DORRIS 335-2 Ives Dairy Rd Miami FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Dana Pearl</i>		Date 4/12/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	