

**FILE NOW: FILING-FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
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95 JUL 13 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N10756** (7)  
1. Corporation Name  
**CONDOMINIUM "F" ASSOCIATION AT MEDITERRANEA, INC**

Principal Place of Business Mailing Address  
**341-06 IVES DAIRY ROAD MIAMI FL 33179** **341-06 IVES DAIRY ROAD MIAMI FL 33179**

2. Principal Place of Business 2a. Mailing Address  
21 **343-02 IVES DAIRY ROAD** 26 **343-02 IVES DAIRY ROAD**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **MIAMI, FL** 28 **MIAMI, FL**  
24 Zip 25 Country 29 Zip 30 Country  
**33179 DADE 33179 DADE**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/20/1985** 3a. Date of Last Report **02/15/1994**

4. FEI Number **59-2579854** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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


7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**PRICE, JUDITH**  
**341-06 IVES DAIRY ROAD**  
**MIAMI FL 33179**

10. Name and Address of New Registered Agent  
81 Name **MICHAEL FELDEN KREIS**  
82 Street Address (P.O. Box Number is Not Acceptable) **343-02 IVES DAIRY ROAD**  
83  
84 City **MIAMI** FL 85 Zip Code **33179**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE  DATE **5/15/95**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, JUDITH	1.2 NAME	<b>DELETE</b>
STREET ADDRESS	341-06 IVES DAIRY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, BARBARA	2.2 NAME	<b>600001540086</b> <b>-07/18/95--01077--013</b> <b>****155.00 ****155.00</b>
STREET ADDRESS	341-01 IVES DAIRY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASSARO, GERALYN	3.2 NAME	<b>DELETE</b>
STREET ADDRESS	343-06 IVES DAIRY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, STEVEN	4.2 NAME	
STREET ADDRESS	343-04 IVES DAIRY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN, GUILLAINE	5.2 NAME	<b>12/7/13</b>
STREET ADDRESS	343-01 IVES DAIRY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>PD</b> <b>MICHAEL FELDENKREIS</b> <b>343-02 IVES DAIRY ROAD</b> <b>MIAMI, FL 33179</b>
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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  DATE **5/15/95** **305-651-7468**

(Signature and typed or printed name of signing officer or director)