

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 07 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N10756 (7)**  
 1. Corporation Name  
**CONDOMINIUM "F" ASSOCIATION AT MEDITERRANEA, INC**

Principal Place of Business <b>343-9 IVES DAIRY ROAD NORTH MIAMI BEACH FL 33179</b>	Mailing Address <b>343-9 IVES DAIRY ROAD NORTH MIAMI BEACH FL 33179</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/20/1985</b>		3a. Date of Last Report <b>09/06/1996</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
4. FEI Number <b>59-2579854</b>		Applied For Not Applicable	
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>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.		
23. City & State	28. City & State		
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent <b>MITCHELL, JOEL BETH 343-9 IVES DAIRY ROAD NORTH MIAMI BEACH FL 33179</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	

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	<b>D</b> <b>COLEMAN, BARBARA</b> <b>341-01 IVES DAIRY RD</b> <b>MIAMI FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Same</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>NEWMAN, STEVEN</b> <b>343-04 IVES DAIRY RD</b> <b>MIAMI FL 33179</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>TO Mitchell, Joel Beth 343-9 Ives Dairy Rd Miami, FL 33179</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BENJAMIN, QUILLAIN</b> <b>343-01 IVES DAIRY ROAD</b> <b>MIAMI FL 33179</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>SD Jack Paris 341-4 Ives Dairy Rd Miami, FL 33179</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FELDENKREIS, MICHAEL</b> <b>343-02 IVES DAIRY ROAD</b> <b>MIAMI FL 33179</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>PD Peter Morales 341-6 Ives Dairy Rd Miami, FL 33179</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.  
*Sandra B. Mortham* (305) 933-3643

CFR2037 (4/97)