

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

0034871

03-01-1999 90189 015 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N10756

1. Corporation Name
CONDOMINIUM "F" ASSOCIATION AT MEDITERRANEA, INC

Principal Place of Business: 343-9 IVES DAIRY ROAD, NORTH MIAMI BEACH FL 33179
 Mailing Address: 343-9 IVES DAIRY ROAD, NORTH MIAMI BEACH FL 33179



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	341-1 Ives Dairy Rd	26	341-1 Ives Dairy Rd	08/20/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2579854	
22. City & State		27. City & State		5. Certificate of Status Desired	
NMB, FL		NMB FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing	
33179		33179		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		Trust Fund Contribution	
USA		USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MITCHELL, JOEL BETH 343-9 IVES DAIRY ROAD NORTH MIAMI BEACH FL 33179				81 Name: Arnold Coleman			
				82 Street Address (P.O. Box Number is Not Acceptable): 341-1 Ives Dairy Rd			
				83 City: NMB, FL			
				84 Zip Code: 33179			

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	COLEMAN, BARBARA	1.1 TITLE:	
STREET ADDRESS: 341-01 IVES DAIRY RD	MIAMI FL	1.2 NAME:	
CITY-ST-ZIP:		1.3 STREET ADDRESS:	
TITLE: PD	MITCHELL, JOEL B	1.4 CITY-ST-ZIP:	
STREET ADDRESS: 343-9 IVES DAIRY RD	MIAMI FL	2.1 TITLE:	President
CITY-ST-ZIP:		2.2 NAME:	
TITLE: SD	PARIS, JACK	2.3 STREET ADDRESS:	
STREET ADDRESS: 341-4 IVES DAIRY RD	MIAMI FL	2.4 CITY-ST-ZIP:	
CITY-ST-ZIP:		3.1 TITLE:	
TITLE: PD	MORALES, PETER	3.2 NAME:	
STREET ADDRESS: 341-6 IVES DAIRY RD	MIAMI FL	3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE: Arnold Coleman	Treasurer	4.1 TITLE:	
STREET ADDRESS: 341-1 Ives Dairy Rd	NMB, FL 33179	4.2 NAME:	
CITY-ST-ZIP:		4.3 STREET ADDRESS:	
TITLE:		4.4 CITY-ST-ZIP:	
TITLE:		5.1 TITLE:	Treasurer
NAME:		5.2 NAME:	Arnold Coleman
STREET ADDRESS:		5.3 STREET ADDRESS:	341-1 Ives Dairy Rd
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	NMB, FL 33179
TITLE:		6.1 TITLE:	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. 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 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: Arnold Coleman DATE: 2/4/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Arnold Coleman DAYTIME PHONE #: (305) 653-4994

CR2E037 (1/198)