## 2005 NOT-FOR-PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 18, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # N10756** 04-18-2005 90299 048 \*\*\*\*61.25 CONDOMINIUM "F" ASSOCIATION AT MEDITERRANEA, Principal Place of Business Mailing Address 19501 N.E. 10TH AVENUE, STE 300 19501 N.E. 10TH AVENUE, STE 300 C/O MJB MANAGEMENT SERVICES, INC. C/O MJB MANAGEMENT SERVICES, INC. MIAM), FL 33179 US MIAMI, FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Act. #, etc. Suite, Apt. #. etc. 03162005 CR2E037 (10/03) 4. FEI Number 59-2579854 City & State City & State Applied For Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MJB Haragement SPERLING, DENNIS Street Address (P.O. Box Number is Not Acceptable) 343-03 IVES DAIRY RD 19501 NE 1044 Ave, S. NORTH MIAMI BEACH, FL 33179 <u>liani</u> 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 Make check payable to 9. Election Campaign Financing Filing Fee Is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE Change ☐ Addition TITLE NAME SPARKLING, DENNIS 343-03 IVES DAIRY RD STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH, FL 33179 CITY-ST-ZIP CITY-ST-7IF **742** ☐ Delete TITLE ■ Addition TITLE KAHLOUF, ELIZABETH NAME CAULOUF, Elizabeth 343-01 IVES DAIRY RD STREET ADDRESS 043-01 Ives Dairy Rd STREET ADDRESS NORTH MIAMI BEACH, FL 33179 CITY-ST-ZIP CITY-ST-ZIP 33,70 H. Hierri FZ. Addition TITLE Delete TITLE Change LEGROS, THERESA NAME NAME 341-05 IVES DAIRY RD STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH, FL 33179 CITY-ST-ZIP <u>30</u> Addition Delete □ Change TITLE TITLE Saia Susan NAME NAME STREET ADDRESS STREET ADDRESS 34307 Ives baing Rd CITY-ST-ZIP CITY-ST-ZIP mami Addition ☐ Delete TITLE ☐ Change TITLE Coleman Borbara NAME BUILDI BENER Doingled STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP M Addition Change TITLE ☐ Delete TITLE Dinkelman Erigi.d NAME 34302 Ives Dainy Rd STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Miami Fr 33179 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this report or supplemental Teport 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 frustee 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.

**FILED** 

Daytime Phone #