

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N9600004353

1. Corporation Name

MEDITERRANIA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2114 NORTHEAST 21ST STREET FORT LAUDERDALE FL 33305 2114 NORTHEAST 21ST STREET FORT LAUDERDALE FL 33305

FILED Apr 30, 1999 8:00 am § Secretary of State

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2. Principal P	lace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 08/20/1996					
Suite, Apt.	#: etc.	Suite, Apt. #, etc.				4. FEI Number			Appl	ied For	
22	,	27				65-0741590		.	Not a	Applicable	
City & Sta	te	City & State				5. Certificate of Status D	atus Desired \$8.75 Additional Fee Required				
Zip	Country	Zip	Coun	Country		6. Election Campaign Fi	nancing	\$5	.00 M	lav Be	
24	25 29 30					Trust Fund Contribution	- 11		ded to	•	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				81	Name	•					
DITOCCO, ANTHONY III				82 Street Address (P.O. Box Number is Not Acceptable)							
2114 NORTHEAST 21ST STREET				Street Address (P.O. Box Number Is Not Acceptable)							
FORT LAUDERDALE FL 33305				83							
roki LAI	DUENDALE FL 33303		L		-		<u></u> .	\ne!	7:n C-	do	
		•		84	City		F	-L 85	Zip Co	xné	
office or lagent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State or m familiar with, and accept the obligation	f Florida. Such change was a ons of, Section 617.0503, Flo	authorized l orida Statut	by th	ie corporation	n's board of directors. I here			as regi	stered	
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE		oent si	signature required	d when reinstating)	DATE				
12.	OFFICERS AND		13.			ADDITIONS/CHANGE:	S TO OFFICERS				
TITLE	PD		1.1 TITE	Æ		•		, □Ch	ange	☐ Addition	
NAME	DITOCCO, ANTHONY III		1,2 NAM	Æ		•	•				
STREET ADDRESS	2114 NORTHEAST 21ST STREET	Γ	1.3 STR	1.3 STREET ADDRESS							
CITY-ST-ZIP	FORT LAUDERDALE FL 33305			1.4 CITY-ST-ZIP					• •		
TITLE	VD □ DELETE		2.1 TITL	2.1 TITLE			-	☐ Ch	ange	Addition	
NAME	DITOCCO, ANTHONY JR		2.2 NAM	Æ			*.				
STREET ADDRESS		Г	2.3 STR	EET A	DORESS						
CITY-ST-ZIP	FORT LAUDERDALE FL 33305		2. 4 CIT	Y-ST-	ZIP					_	
TITLE	VSTD DELETE			E			•	Ch	ange	Addition	
NAME	DITOCCO, ROBYN		3.2 NAM	ME:							
STREET ADDRESS	1	Т	3.3 STR	REETAL	ADDRESS	•					
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	•	3.4. CIT	Y-ST-	ZIP		<u> </u>	, 1			
TITLE		☐ DELETE	4.1 TITL	£				Ch	ange	Addition	
NAME	, ·		4. 2 NAJ	ME							
STREET ADDRESS			4.3 STR	REET A	ODRESS						
CITY-ST-ZIP			4.4 CITY	Y-\$T-Z	ZIP	•					
TITLE		☐ DELETE	5.1 TITL					☐ Ch	ange	Addition	
NAME	· ·		5.2 NAM	ИE							
STREET ADDRESS			5.3 STR	REET A	ODRESS						
CITY-ST-ZIP			5.4 CIT	Y-ST-Z	ZIP		,	. •			
TITLE		☐ DELETE	6.1 TITE	E				Ch	ange	☐ Addition	
NAME		(1) 1 (1) 1	6.2 NAN	νŒ			•				
STREET ADDRESS	, , , , , , , , , , , , , , , , , , ,		6.3 STR	REET A	ADDRESS						
CITY-ST-ZIP	•		6.4 CIT								
UBY-SI-ZP	1 '		E		- 1						

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:

ATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4 (21 FF)

(954) 523-4774

2E037 (11/98)