

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-31-2002 90050 043 ****61.25

DOCUMENT # N96000004353
1. Entity Name
MEDITERRANIA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
7122 VIA FIRENZE 7122 VIA FIRENZE
BOCA RATON FL 33433 BOCA RATON FL 33433

17355



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 65-0741590 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
HOPPE, GARY III
7138 VIA FIRENZE
BOCA RATON FL 33433

7. Name and Address of New Registered Agent
Name: JOSEPH ORTLIEB
Street Address (P.O. Box Number is Not Acceptable): 7130 VIA FIRENZE
BOCA RATON,
City: FL Zip/City: 33433

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.
SIGNATURE: JOSEPH ORTLIEB (NOTE: Registered Agent signature required when reinstating) DATE: 1.14.02

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees Make Check Payable to Department of State

Table with 2 columns: OFFICERS AND DIRECTORS. Rows include: HOPPE, GARY (Delete), KOLB, CHAROLETTE, HERMON, DANNY, ORTLIEB, JOSEPH, MENENDEZ, BENNY.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Rows include: SECRETARY/TREASURER, DIRECTOR, PRESIDENT.

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: Joseph A. Ortlieb DATE: 1.14.02 DAYTIME PHONE #: 954-427-7513

CR2E037 (9/01)