2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State
03-08-2004 90049 007 ****61.25

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1. Entity Name
MEDITERRANIA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PRIME MANAGEMENT 6300 PARK OF COMMERCE BOCA RATON, FL 33487	C/O PRIME MANAGEMENT 6300 PARK OF COMMERCE BOCA RATON, FL 33487

02062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
500 NE SPANISH RIVER BLVD.	500 NE SPANISH RIVER BLVD.
Suite, Apt. #, etc. SUITE #18	Suite, Apt. #, etc. SUITE # 18
City & State BOCA RATON, FL	City & State BOCA RATON
Zip / Country 33431 / USA	Zip / Country 33431 / USA

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	7. Name and Address of New Registered Agent
SACHS, SAX & KLEIN 301 YAMATO ROAD STE 4150 BOCA RATON, FL 33431	Name: ERNEST W. WILLIS Street Address (P.O. Box Number is Not Acceptable): 500 NE SPANISH RIVER BLVD. SUITE #18 City: BOCA RATON FL Zip Code: 33431

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 _____ 3-15-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BABBIT, HARVEY 7121 VIA FIRENZE BOCA RATON, FL 33433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PEARL, DENNIS 7130 VIA FIRENZE BOCA RATON, FL 33433	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERMON, DANNY 7120 VIA MARBELLA BOCA RATON, FL 33433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SPEAR, LAURIE 7137 VIA FIRENZE BOCA RATON, FL 33433	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ORTLIEB, JOSEPH 7130 VIA FIRENZE BOCA RATON, FL 33433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KURTZMAN, BENITA 7161 VIA FIRENZE BOCA RATON, FL 33433	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDSD MICHALESON, STEVE 7135 VIA MARBELLA BOCA RATON, FL 33433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MENDE, ELAINE 7102 VIA MEDITERRANIA BOCA RATON, FL 33433	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAVIN, CHRISTOPHER 7089 VIA FIRENZE BOCA RATON, FL 33433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HEIFETZ, TRUDY 7111 VIA MARBELLA BOCA RATON, FL 33433	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Elaine S. Mende 3/5/04 561-394-5553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #