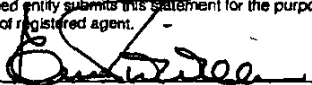


FILED
Mar 18, 2004 8:00 am
Secretary of State

03-08-2004 90049 007 ****61.25

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N96000004353			
1. Entity Name MEDITERRANIA HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business C/O PRIME MANAGEMENT 6300 PARK OF COMMERCE BOCA RATON, FL 33487		Mailing Address C/O PRIME MANAGEMENT 6300 PARK OF COMMERCE BOCA RATON, FL 33487	
2. Principal Place of Business 500 NE SPANISH RIVER BLVD. Suite, Apt. #, etc. SUITE #18 City & State BOCA RATON, FL Zip 33431 Country USA		3. Mailing Address 500 NE SPANISH RIVER BLVD. Suite, Apt. #, etc. SUITE #18 City & State BOCA RATON Zip 33431 Country USA	
66406635			
02062004 Chg-NP		CR2E037 (10/03)	
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 SACHS, SAX & KLEIN 301 YAMATO ROAD STE 4150 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent 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			
TITLE	PD	☒ Delete	
NAME	BABBIT, HARVEY		
STREET ADDRESS	7121 VIA FIRENZE		
CITY-ST-ZIP	BOCA RATON, FL 33433		
TITLE	D	☒ Delete	
NAME	HERMON, DANNY		
STREET ADDRESS	7120 VIA MARBELLA		
CITY-ST-ZIP	BOCA RATON, FL 33433		
TITLE	VP	☒ Delete	
NAME	ORTLIEB, JOSEPH		
STREET ADDRESS	7130 VIA FIRENZE		
CITY-ST-ZIP	BOCA RATON, FL 33433		
TITLE	TDSD	☒ Delete	
NAME	MICHAELSON, STEVE		
STREET ADDRESS	7135 VIA MARBELLA		
CITY-ST-ZIP	BOCA RATON, FL 33433		
TITLE	D	☒ Delete	
NAME	LAVIN, CHRISTOPHER		
STREET ADDRESS	7089 VIA FIRENZE		
CITY-ST-ZIP	BOCA RATON, FL 33433		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	☐ Change ☒ Addition	
NAME	PEARL, DENNIS		
STREET ADDRESS	7130 VIA FIRENZE		
CITY-ST-ZIP	BOCA RATON, FL 33433		
TITLE	VPD	☐ Change ☒ Addition	
NAME	SPEAR, LAURIE		
STREET ADDRESS	7137 VIA FIRENZE		
CITY-ST-ZIP	BOCA RATON, FL 33433		
TITLE	SD	☐ Change ☒ Addition	
NAME	KURTZMAN, BENITA		
STREET ADDRESS	7161 VIA FIRENZE		
CITY-ST-ZIP	BOCA RATON, FL 33433		
TITLE	TD	☐ Change ☒ Addition	
NAME	MEUDE, ELAINE		
STREET ADDRESS	7102 VIA MEDITERRANIA		
CITY-ST-ZIP	BOCA RATON, FL 33433		
TITLE	VPD	☐ Change ☒ Addition	
NAME	HEIFETZ, TRUDY		
STREET ADDRESS	7111 VIA MARBELLA		
CITY-ST-ZIP	BOCA RATON, FL 33433		
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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. MEUDE		3/15/04 561.394.5553	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	