


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90213 026 \*\*\*\*61.25

**DOCUMENT # N96000004353**

1. Entity Name  
**MEDITERRANIA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**500 NE SPANISH RIVER BLVD.  
 SUITE 18  
 BOCA RATON, FL 33431**

Mailing Address  
**500 NE SPANISH RIVER BLVD.  
 SUITE 18  
 BOCA RATON, FL 33431**

40100410



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01142008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**65-0741590**

Applied For  
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent  
**WILLIS, ERNEST W  
 500 NE SPANISH RIVER BLVD  
 SUITE 18  
 BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

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	<input type="checkbox"/> Delete
NAME	PEARL, DENNIS	
STREET ADDRESS	7130 VIA FIRENZE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KURTZMAN, BENITA	
STREET ADDRESS	7161 VIA FIRENZE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MENDE, ELAINE	
STREET ADDRESS	7102 VIA MEDITERRANIA	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEIFETZ, TRUDY	
STREET ADDRESS	7111 VIA MARBELLA	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STERLING, JENNIE	
STREET ADDRESS	7113 VIA FIRENZE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**D**  
**STERLING, JENNIE**  
**7113 VIA FIRENZE**  
**BOCA RATON FL 33433**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_ **4/24/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #