

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003639

1. Entity Name

MEDITERRANEA ON HILLSBORO MILE CONDOMINIUM ASSOC

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90046 049 ****61.25

Principal Place of Business

1230 HILLSBORO MILE
HILLSBORO BEACH FL 33062

Mailing Address

951 BROKEN SPOND PKWY
STE 250
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

951 Broken Sound Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0813753

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COMMUNITY SERVICES, INC.
951 BROKEN SOUND PKWY, STE 250
BOCA RATON FL 33487

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | LEPINE, RENE H | |
| STREET ADDRESS | 1230 HILLSBORO MILE | |
| CITY-ST-ZIP | HILLSBORO BEACH FL 33062 | |
| TITLE | VTSD | <input checked="" type="checkbox"/> Delete |
| NAME | LEPINE, NORMAND F | |
| STREET ADDRESS | 1230 HILLSBORO MILE | |
| CITY-ST-ZIP | HILLSBORO BEACH FL 33062 | |
| TITLE | VSD | <input checked="" type="checkbox"/> Delete |
| NAME | YATES, RONALD | |
| STREET ADDRESS | 1230 HILLSBORO MILE | |
| CITY-ST-ZIP | HILLSBORO BEACH FL 33062 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|---|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Hamer-Hodges, Kenneth | |
| STREET ADDRESS | 1228 Hillsboro mile #208 | |
| CITY-ST-ZIP | Hillsboro Beach, FL 33062 | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Gallo, Muriel | |
| STREET ADDRESS | 1228 Hillsboro mile #208 | |
| CITY-ST-ZIP | Hillsboro Beach, FL 33062 | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Wall-Jones, Lisa | |
| STREET ADDRESS | 1228 Hillsboro mile #101 | |
| CITY-ST-ZIP | Hillsboro Beach, FL 33062 | |
| TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | O'Farrell, Stephen | |
| STREET ADDRESS | 1228 Hillsboro mile #201 | |
| CITY-ST-ZIP | Hillsboro Beach, FL 33062 | |
| TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Weicholz, Scott | |
| STREET ADDRESS | 1230 Hillsboro mile #308 | |
| CITY-ST-ZIP | Hillsboro Beach, FL 33062 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Muriel Gallo

Date

4/9/01

Daytime Phone #

561-994-1788

CR2E037 (10/00)