


FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90202 001 ****70.00

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N97000003639			
1. Entity Name MEDITERRANEA ON HILLSBORO MILE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1230 HILLSBORO MILE HILLSBORO BEACH, FL 33062		Mailing Address <i>Mediterranea</i> 954-BROKEN SOUND PKWY STE 250 BOCA RATON, FL 33487 <i>c/o T+N Manager 6413 Congress Ave Suite 220</i>	
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 65-0813753	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional-- Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COMMUNITY SERVICES, INC. <i>Sach, Sax, + Klein PA</i> 954-BROKEN SOUND PKWY, STE 250 <i>301 Yamato Rd</i> BOCA RATON, FL 33487 <i>33431</i>		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLO, MURIEL	NAME	
STREET ADDRESS	1228 HILLSBORO MILE #203	STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062	CITY-ST-ZIP	
	<i>Treasurer + Sec</i>		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBARROS, LEONARD	NAME	
STREET ADDRESS	1228 HILLSBORO MILE #303	STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'FARRELL, STEPHEN	NAME	
STREET ADDRESS	1228 HILLSBORO MILE #201	STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>[Signature]</i>		<i>24 April 2006</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	