## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**POCUMENT** #

(7)

MEDITERRANEAN VILLAGE MASTER ASSOCIATION, INC.

## **FILED** Mar 25 1998 8:00am Secretary of State

Principal Place of Business Mailing Address  3700 ISLAND BOULEVARD NORTH MIAMI BEACH FL 33160 US  Mailing Address  3700 ISLAND BOULEVARD NORTH MIAMI BEACH FL 33160 US  3. Date Incorporated or Qualified 07/18/1988  4. FEI Number		
NORTH MIAMI BEACH FL 33160  NORTH MIAMI BEACH FL 33160  O7/18/1988	1011 81811 01011 01	<b>#</b> 11 1 <b>0#</b> 1
us07/18/1988	<del></del>	
4. FEI Number		
	Applie	d For
65-0071231	Not Ar	plicable
2. Principal Place of Business 2a. Mailing Address 25. Certificate of Status Desired   \$ 5. Certificate Of Status Desired    \$ 5. Certificate Of Status Desired    \$ 5. Certificate Of Status Desired    \$ 5. Certificate Of Status Desired    \$ 5. Certificate Of Status Desired    \$ 5. Certificate Of Status Desired    \$ 5. Certificate Of Status Desired    \$ 5. Certificate Of Status D	\$8.75 Addi Fee Requir	
Suite, Apt. #, etc.   Suite, Apt. #, etc.   6. Election Compaign Financing	\$5.00 May	
22     27     Trust Fund Contribution	Added to Fe	
City & State City & State 7. Is this nonprofit corporation a homeowners as		
28 Superior Country Sup		
Zip Country Zip Country 8. This corporation owes or has paid the current Personal Property Tax due June 30.		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent		
81 Name		
SKRLD INC.  62 Street Address (P.O. Box Number is Not Acceptable)		·
201 ALHAMBRA CIR. UNIT 1102		
CORAL GABLES FL 33134		
84 City	85 Zip Cod	£3
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of characteristics or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointr agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	anging its repitment as regi	istered stered
SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IRECTORS IN	12
Signature: typed or printed name of registered agent and little # applicable (NOTE: Registered Agent eignature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		12 Addition
Signature: typed or printed name of registered agent and little # applicable (NOTE: Registered Agent eignature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE PD  NAME ARNOWITZ, DAVID  1.2 NAME		
Signature: typed or printed name of registered agent and little if explicable (NOTE: Registered Agent eignature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PD  ARNOWITZ, DAVID  1.2 NAME  STREET ADDRESS  3700 ISLAND BLVD  1.3 STREET ADDRESS		
Signature: typed or printed name of registered agent and title if explicable (NOTE: Registered Agent eignature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PD  ARNOWITZ, DAVID  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  NORTH MIAMI BEACH FL  1.4 CITY-ST-ZIP	Change	Addition
Signature: typed or printed name of registered agent and title if explicable (NOTE: Registered Agent eignature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PD  ARNOWITZ, DAVID  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  NORTH MIAMI BEACH FL  1.4 CITY-ST-ZIP  TITLE  VD  DELETE  2.1 TITLE	Change	
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Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PD  DELETE  1.1 TITLE  NAME  ARNOWITZ, DAVID  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  NORTH MIAMI BEACH FL  1.4 CITY-ST-ZIP  TITLE  VD  SUTTIN, DORIS  STREET ADDRESS  GITY-ST-ZIP  TITLE  STD  DELETE  2.1 TITLE  2.2 NAME  2.2 NAME  2.3 STREET ADDRESS  NORTH MIAMI BEACH FL  TITLE  STD	Change	Addition
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12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PD  ARNOWITZ, DAVID  ARNOWITZ, DAVID  STREET ADDRESS  GITY-ST-ZIP  NORTH MIAMI BEACH FL  TITLE  NAME  STREET ADDRESS  GITY-ST-ZIP  TITLE  NORTH MIAMI BEACH FL  TITLE  STD  BLACK, SHIRLEY  3700 ISLAND BLVD.  DELETE  1.1 TITLE  NAME  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  STD  DELETE  3.1 TITLE  STD  DELETE  3.2 NAME  3.3 STREET ADDRESS  GITY-ST-ZIP  TITLE  STD  DELETE  3.1 TITLE  STD  DELETE  3.2 NAME  3.3 STREET ADDRESS  GITY-ST-ZIP  TITLE  STD  DELETE  3.3 STREET ADDRESS  3700 ISLAND BLVD.  3.3 STREET ADDRESS  GITY-ST-ZIP  NORTH MIAMI BEACH FL  3.4 CITY-ST-ZIP  NORTH MIAMI BEACH FL  3.5 NAME  3.5 STREET ADDRESS  3.6 CITY-ST-ZIP  NORTH MIAMI BEACH FL  3.7 NAME  3.8 STREET ADDRESS  3.9 NAME  3.9 STREET ADDRESS  3.9 NORTH MIAMI BEACH FL  3.4 CITY-ST-ZIP	Change	Addition
Signature typed or printed neme of registered agent and life if applicable   (NOTE: Registered Agent eignature required when reinstating)   DATE	Change	Addition  Addition
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11ITLE PD DELETE 1.1 TITLE  ARNOWITZ, DAVID 1.2 NAME  STREET ADDRESS 3700 ISLAND BLVD 1.3 STREET ADDRESS CITY-ST-ZIP NORTH MAMI BEACH FL 1.4 CITY-ST-ZIP  TITLE VD DELETE 2.1 TITLE  NAME SUTTIN, DORIS 2.9 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 2.3 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 2.4 CITY-ST-ZIP  TITLE STD DELETE 3.1 TITLE  NAME BLACK, SHIPLEY 32 NAME STREET ADDRESS CITY-ST-ZIP 3.0 SLAND BLVD 33 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 3.1 TITLE  NAME BLACK, SHIPLEY 32 NAME STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 3.4 CITY-ST-ZIP  TITLE D DELETE 3.4 CITY-ST-ZIP	Change	Addition  Addition
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ITITLE PD DELETE 1.1 TITLE 1.2 NAME  STREET ADDRESS 3700 ISLAND BLVD 1.3 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 1.4 CITY-ST-ZIP  TITLE VD 1.5 TITLE 2.3 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 2.1 TITLE 2.3 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 2.4 CITY-ST-ZIP  TITLE STD DELETE 3.1 TITLE 3.5 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 4.1 TITLE 1.5 STD 1.5 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 4.1 TITLE 1.5 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 4.1 TITLE 1.5 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 4.1 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 4.2 NAME STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 4.3 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 4.3 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 4.3 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 4.4 CITY-ST-ZIP	Change	Addition  Addition  Addition
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Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent algorature required when reinstating)	Change	Addition  Addition  Addition  Addition

114. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** 

305 937-7898