

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003639

1. Entity Name

MEDITERRANEA ON HILLSBORO MILE CONDOMINIUM ASSOC

Principal Place of Business

1230 HILLSBORO MILE
HILLSBORO BEACH FL 33062

Mailing Address

1230 HILLSBORO MILE
HILLSBORO BEACH FL 33062-1344

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

951 Broken Sound Pkwy

Suite, Apt. #, etc.

Suite 250

City & State
Boca Raton, FL

Zip
33487

Country

4. FEI Number

65-0813753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEDZOW, MICHAEL
20803 BISCAYNE BLVD
SUITE 200
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name
COMMUNITY ASSOCIATION SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
951 BROKEN SOUND PKWY., STE. 250

City
BOCA RATON

FL

Zip Code
33487

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LEPINE, RENE H
1230 HILLSBORO MILE
HILLSBORO BEACH FL 33062 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTSD
LEPINE, NORMAND F
1230 HILLSBORO MILE
HILLSBORO BEACH FL 33062 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
YATES, RONALD
1230 HILLSBORO MILE
HILLSBORO BEACH FL 33062 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HAMER HODGES, KENNETH
1230 HILLSBORO MILE, #208
HILLSBORO BCH, FL 33062 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GALLO, MURIEL
1228 HILLSBORO MILE, #203
HILLSBORO BCH, FL 33062 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
JONES, LISA
1228 HILLSBORO MILE, #101
HILLSBORO BCH, FL 33062 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Muriel Gallo

3/9/00

954-427-7001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)