

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # N97000003639**

1. Entity Name

**MEDITERRANEA ON HILLSBORO MILE CONDOMINIUM ASSOC**

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

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

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.

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

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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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:** *Muriel Gallo* Muriel Gallo 4/9/01 561-994-1788  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)