

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90024 014 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

44016737



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 951 BROKEN SOUND PKWY STE 250 BOCA RATON, FL 33487		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		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	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMER-HODGES, KENNETH		NAME		
STREET ADDRESS	1228 HILLSBORO MILE #208		STREET ADDRESS		
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062		CITY-ST-ZIP		
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		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" 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	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEICHOLTZ, SCOTT		NAME		
STREET ADDRESS	1230 HILLSBORO MILE #308		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		
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: <i>Muriel Gallo</i>		Date: 3/8/04		Daytime Phone #: 561-395-7772	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					