


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



03172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0813753	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent

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

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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 remaining)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALLO, MURIEL 1228 HILLSBORO MILE #203 HILLSBORO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEBARROS, LEONARD 1228 HILLSBORO MILE #303 HILLSBORO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD O'FARRELL, STEPHEN 1228 HILLSBORO MILE #201 HILLSBORO BEACH, FL 33062
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, Treasurer 4/4/05 954-427-7001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #