

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003639

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** MEDITERRANEA ON HILLSBORO MILE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O A&N MANAGEMENT, INC.  
902 CLINT MOORE ROAD, #110  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

C/O A&N MANAGEMENT, INC.  
902 CLINT MOORE ROAD #110  
BOCA RATON, FL 33487

**New Mailing Address:**

C/O A&N MANAGEMENT, INC.  
902 CLINT MOORE ROAD, #110  
BOCA RATON, FL 33487

FEI Number: 65-0813753

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SACH, SAX & CAPLAN  
6111 BROKEN SOUTH PARKWAY, N.W  
BOCA RATON, FL 33487 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: IODICE, AUSTIN  
Address: 902 CLINT MOORE ROAD, #110  
City-St-Zip: BOCA RATON, FL 33487 US

Title: SEC  
Name: LARKIN, PETER  
Address: 902 CLINT MOORE ROAD, #110  
City-St-Zip: BOCA RATON, FL 33487 US

Title: TRES  
Name: O'FARRELL, STEPHEN  
Address: 902 CLINT MOORE ROAD, #110  
City-St-Zip: BOCA RATON, FL 33487 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AUSTIN IODICE

PRES

02/16/2010

Electronic Signature of Signing Officer or Director

Date