

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91288 037 ****61.25

DOCUMENT # N27484

1. Entity Name

MEDITERRANEAN VILLAGE MASTER ASSOCIATION, INC.



Principal Place of Business

**3700 ISLAND BOULEVARD
AVENTURA FL 33160
US**

Mailing Address

**3700 ISLAND BOULEVARD
AVENTURA FL 33160
US**

11043464



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0071231**

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

7. Name and Address of New Registered Agent

**SKRLD INC.
201 ALHAMBRA CIR. UNIT 1102
CORAL GABLES FL 33134**

Name

JOSEPH GANGUZZA, ESQ

Street Address (P.O. Box Number is Not Acceptable)

150 West Flagler Street 27th FL

City

Miami, FL 33130

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$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 type="checkbox"/> Delete
NAME	ARNOWITZ, DAVID	
STREET ADDRESS	3700 ISLAND BLVD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SUTTIN, DORIS	
STREET ADDRESS	3900 ISLAND BLVD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BLACK, SHIRLEY	
STREET ADDRESS	3700 ISLAND BLVD.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, HARRIS	
STREET ADDRESS	3900 ISLAND BLVD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSE ANN CARROLL	
STREET ADDRESS	3700 ISLAND BLVD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Margarita Blanco	
STREET ADDRESS	3700 Island Blvd.	
CITY-ST-ZIP	Williams Island FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Jantz	
STREET ADDRESS	3700 Island Blvd	
CITY-ST-ZIP	Williams Island, FL	

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:

SIGNATURE REQUIRED **WILLIAM JANTZ** **4/17/03** **355937-7898**

CR2E037 (10/02)