

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003639

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

**FILED**  
**Apr 05, 2017**  
**Secretary of State**  
**CC0350584850**

**Current Principal Place of Business:**

C/O ASSOCIATION SPECIALTY GROUP LLC  
902 CLINT MOORE ROAD SUITE 110  
BOCA RATON, FL 33487

**Current Mailing Address:**

C/O ASSOCIATION SPECIALTY GROUP LLC  
902 CLINT MOORE ROAD SUITE 110  
BOCA RATON, FL 33487 US

**FEI Number: 65-0813753**

**Certificate of Status Desired: No**

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

BROUGH, CHADROW & LEVINE, P.A.  
BROUGH, CHADROW & LEVINE, P.A.  
2149 N COMMERCE PKWY  
WESTON, FL 33326 US

*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: LEVINE, SCOTT**

**04/05/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            IODICE, AUSTIN  
Address        C/O ASSOCIATION SPECIALTY  
                  GROUP LLC  
                  902 CLINT MOORE ROAD SUITE 110  
City-State-Zip: BOCA RATON FL 33487

Title            SEC  
Name            LARKIN, PETER  
Address        C/O ASSOCIATION SPECIALTY  
                  GROUP LLC  
                  902 CLINT MOORE ROAD SUITE 110  
City-State-Zip: BOCA RATON FL 33487

Title            TRES  
Name            O'FARRELL, STEPHEN  
Address        C/O ASSOCIATION SPECIALTY  
                  GROUP LLC  
                  902 CLINT MOORE ROAD SUITE 110  
City-State-Zip: BOCA RATON FL 33487

*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: LARKIN , PETER**

**SECRETARY**

**04/05/2017**

Electronic Signature of Signing Officer/Director Detail

Date