

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003639

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

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC1361749180**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 65-0813753**

**Certificate of Status Desired: No**

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

Title            TRES  
Name            O'FARRELL, STEPHEN  
Address        902 CLINT MOORE ROAD, #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: AUSTIN IODICE**

**PRES**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date