2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#758280

FILED May 01, 2009 Secretary of State

Entity Name: CONDOMINIUM "B" ASSOCIATION AT MEDITERRANEA, INC.

urrent P	rincipal Place of Business:	New Principal Place of Business:	
_	DAIRY RD		
2 /IIAMI, FL	33179 US		
urrent M	lailing Address:	New Mailing Address:	
23 IVES [DAIRY RD		
2 /IIAMI, FL	33179 US		
El Number n accordan	: 59-2144951 FEI Number Applied For() ice with s. 607.193(2)(b), F.S., the corporation d I Address of Current Registered Agent	id not receive the prior notice.	d()
TH FLOC	ALLANDALE BEACH BLVD. DR ALE BEACH, FL 33009 US		
	named entity submits this statement for t e of Florida.	the purpose of changing its registered office or registered agent, or	or both,
the State	e of Florida.	the purpose of changing its registered office or registered agent, o	or both,
n the State	e of Florida.		or both,
n the State	e of Florida. ÉRE:		
the State	e of Florida. RE: Electronic Signature of Registered	Agent Date	
the State IGNATUF FFICER: tte: ame: ddress:	e of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: P () Delete SALTZMAN, YUSTY 337-04 IVES DAIRY ROAD	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIR Title: () Change () Addition Name: Name: Address:	
the State IGNATUR FFICER: ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	e of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: P () Delete SALTZMAN, YUSTY 337-04 IVES DAIRY ROAD MIAMI, FL 33179 V () Delete LEVIN, RAYMON 337-01 IVES DAIRY RD	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SEAN BARNES MR 05/01/2009