

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000005650

1. Entity Name

MEDITERRANEO IN THE GROVE CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

2800 COCONUT AVENUE
COCONUT GROVE, FL 33133

Mailing Address

POB 330635
COCONUT GROVE, FL 33233

FILED

2008 APR -4 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

20-2145624

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ORLANDO
2800 COCONUT AVE
COCONUT GROVE, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GONZALEZ, ORLANDO
STREET ADDRESS 2800 COCONUT AVENUE
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE VPD
NAME PEREZ, BARBARA ANA
STREET ADDRESS 2814 COCONUT AVENUE
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE TSD
NAME HONG, MAUREEN
STREET ADDRESS 2910 CENTER STREET
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600122486826
04/07/08--01044--002 **61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Orlando Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-08

Date

Daytime Phone #