
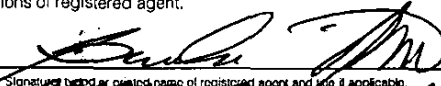
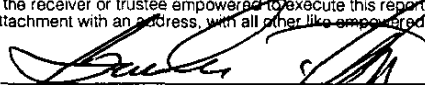


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90036 013 ***61.25

DOCUMENT # N07000003682 1. Entity Name MEDITERRANEA MAINTENANCE ASSOCIATION, INC.					
Principal Place of Business 2121 PONCE DE LEON BLVD PH CORAL GABLES, FL 33134			Mailing Address 2121 PONCE DE LEON BLVD PH CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2121 PONCE DE LEON BLVD, PH			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 2121 PONCE DE LEON BLVD, PH			
City & State		City & State CORAL GABLES, FL		4. FEI Number 20-8854278	
Zip 33134	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ANGELL CORPORATE SERVICES, INC. ONE NORTH CLEMATIS STREET SUITE 400 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name BARBARA BEGUIRISTAIN Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD., PH City CORAL GABLES FL Zip Code 33134		
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  BARBARA BEGUIRISTAIN, PRESIDENT			DATE 4/18/08		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD BEGUIRISTAIN, BARBARA 2121 PONCE DE LEON BLVD, PH CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHANNON, KARR 2121 PONCE DE LEON BLVD, PH CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAX CRUZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ADAMS, BRUCE 2121 PONCE DE LEON BLVD, PH CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  BARBARA BEGUIRISTAIN, PRESIDENT			DATE 4/18/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 305/443-8288		