2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10756

FILED Apr 30, 2006 Secretary of State

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

Current Principal Place of Business:				New Principal Place of Business:		
19501 N.E. 10TH AVENUE, STE 300 C/O MJB MANAGEMENT SERVICES, INC. MIAMI, FL 33179 US				7655 NW 50TH STREET MIAMI, FL 33166 US		
Current Mailing Address:				New Mailing Address:		
19501 N.E. 10TH AVENUE, STE 300 C/O MJB MANAGEMENT SERVICES, INC. MIAMI, FL 33179 US			7655 NW 50TH STREET C/O UNLIMITED MANAGEMENT SERVICES MIAMI, FL 33166 US			
FEI Number:	59-2579854	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MJB MANAGEMENT SERVICES, INC 19501 NE 10TH AVE SUITE 302 MIAMI, FL 33179 US				UNLIMITED MANAGEMENT SERVICES 7655 NW 50TH STREET MIAMI, FL 33166 US		
The above in the State		submits this statement for the p	ourpose o	of changing its registered	d office or registered agent, or both,	
SIGNATURE: NOEL DUQUE					04/30/2006	
	Electror	nic Signature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SD (SAIA, SUSAN 343-07 IVES D MIAMI, FL 331			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (KAHLOUF, ELI 543-01 IVES D MIAMI, FL 331	AIRY RD		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LEGROS, THE 341-05 IVES D			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DD (X COLEMAN, BA 341-01 IVES D MIAMI, FL 331	AIRY RD		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (X WINKELMAN, I 343-02 IVES D MIAMI, FL 331	AIRY RD		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: ELIZABETH KAHLOUF P 04/30/2006