


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90057 015 ****61.25

DOCUMENT # N10756

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



Principal Place of Business
 7655 NW 50TH STREET
 MIAMI, FL 33166 US

Mailing Address
 7655 NW 50TH STREET
 C/O UNLIMITED MANAGEMENT SERVICES
 MIAMI, FL 33166 US

401000000



2. Principal Place of Business - No P.O. Box #
 4744 NW 114 Ave

3. Mailing Address
 Suite, Apt. #, etc. Same

01192007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc. # 105

City & State Doral FL

City & State Same

4. FEI Number 59-2579854

Applied For Not Applicable

Zip 33178 Country Dade County

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 UNLIMITED MANAGEMENT SERVICES
 7655 NW 50TH STREET
 MIAMI, FL 33166

7. Name and Address of New Registered Agent
 Name DENNIS EISINGER P.A.
 Street Address (P.O. Box Number, is Not Acceptable) 4000 Hollywood Blvd
 Presidential Circle Suite 2655
 City Hollywood FL Zip Code 33021

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 Dennis Eisinger (NOTE: Registered Agent signature required when reinstating) DATE 6-28-07

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	SAIA, SUSAN	
STREET ADDRESS	343-07 IVES DAIRY RD	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KAHLOUF, ELIZABETH	
STREET ADDRESS	543-01 IVES DAIRY RD	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEGROS, THERESA	
STREET ADDRESS	341-05 IVES DAIRY RD	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roy Kelin	
STREET ADDRESS	343-0 Ives Dairy Rd	
CITY-ST-ZIP	Miami FL 33179	
TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Coleman	
STREET ADDRESS	343-01 Ives Dairy Rd	
CITY-ST-ZIP	Miami, FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [Signature] DATE: 6-28-07 - TELEPHONE: 786-346-2110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR