


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
08 DEC 22 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10756 1. Entity Name CONDOMINIUM "F" ASSOCIATION AT MEDITERRANEA, INC.					
Principal Place of Business 4744 NW 114 AVE DORAL, FL 33178 US		Mailing Address 7655 NW 50TH STREET C/O UNLIMITED MANAGEMENT SERVICES MIAMI, FL 33166 US			
2. Principal Place of Business - No P.O. Box # 6921 NW 77 AVE		3. Mailing Address 6921 NW 77 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 59-2579854	
Zip 33166		Country Miami-Dade		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent EISINGER, DENNIS 4000 HOLLYWOOD BLVD HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name SSN C		
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: <u><i>Dennis Eisinger</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>					
NOTE: Registered Agent signature required when reinstating					
DATE: _____					
FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50			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	SD SAIA, SUSAN 343-07 IVES DAIRY RD MIAMI, FL 33179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800137668398 11/05/08--01024--013 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAHLOUF, ELIZABETH 543-01 IVES DAIRY RD MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dennis Sperling 343-03 Ives Dairy Rd. Miami, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEGROS, THERESA 341-05 IVES DAIRY RD NORTH MIAMI BEACH, FL 33179	<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	PD KELIN, ROY 343-0 IVES DAIRY RD MIAMI, FL 33179	<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	DD COLEMAN, BARBARA 343-01 IVES DAIRY RD MIAMI, FL 33179	<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: <u><i>Dennis Eisinger</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: _____ Daytime Phone #: _____					

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