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Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27485 (4)

1. Corporation Name

MEDITERRANEAN VILLAGE CONDOMINIUM NO. ONE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3700 ISLAND BLVD NORTH MIAMI BEACH FL 33160 US	3700 ISLAND BLVD NORTH MIAMI BEACH FL 33160 US

3. Date Incorporated or Qualified: 07/18/1988
4. FEI Number: 65-0071225 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE UNIT 1102
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [signature] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BEHAR, ARTHUR		1.2 NAME		
STREET ADDRESS	3900 ISLAND BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL		1.4 CITY-ST-ZIP	AVENTURA, FLORIDA 33160	
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BROWN, IRVING		2.2 NAME		
STREET ADDRESS	3900 ISLAND BLVD		2.3 STREET ADDRESS	AVENTURA, FLORIDA 33160	
CITY-ST-ZIP	NORTH MIAMI BEACH FL		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SUTTIN, DORIS		3.2 NAME		
STREET ADDRESS	3900 ISLAND BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL		3.4 CITY-ST-ZIP	AVENTURA, FLORIDA 33160	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	AUERBACH, STANLEY		4.2 NAME	HARRIS FRIEDMAN	
STREET ADDRESS	3900 ISLAND BLVD		4.3 STREET ADDRESS	3900 ISLAND BLVD.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL		4.4 CITY-ST-ZIP	AVENTURA, FLORIDA 33160	
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	RAHN, JOEL		5.2 NAME		
STREET ADDRESS	3900 ISLAND BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL		5.4 CITY-ST-ZIP	AVENTURA, FLORIDA 33160	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] DORIS SUTTIN 3/18/98 305 931-1898

CR2E037 (10/97)