

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N28374**

1. Corporation Name

MEDITERRANEAN VILLAGE CONDOMINIUM NO. TWO ASSOCIATION  
INC.

Principal Place of Business

7900 ISLAND BOULEVARD  
NORTH MIAMI BEACH, FL  
33160-4914

Mailing Address

7900 ISLAND BOULEVARD  
NORTH MIAMI BEACH, FL  
33160-4914

3. Date Incorporated or Qualified  
9/15/1988

3a. Date of Last Report  
2/10/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0093317

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85 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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **MILLMAN, MERT**  
STREET ADDRESS **3500 ISLAND BLVD.**  
CITY-ST-ZIP **N.MIAMI BEACH, FL 33160**

TITLE **VD** ☒ DELETE  
NAME **PITTERMAN, HARVEY**  
STREET ADDRESS **3700 ISLAND BOULEVARD**  
CITY-ST-ZIP **N.MIAMI BEACH, FL 33160**

TITLE **STD** ☐ DELETE  
NAME **BLACK, SHIRLEY**  
STREET ADDRESS **3700 ISLAND BOULEVARD**  
CITY-ST-ZIP **N.MIAMI BEACH, FL 33160**

TITLE **D** ☐ DELETE  
NAME **CARROLL, ROSE ANN**  
STREET ADDRESS **3700 ISLAND BOULEVARD**  
CITY-ST-ZIP **N. MIAMI BEACH, FL 33160**

TITLE **D** ☒ DELETE  
NAME **STONE, DR. GARY**  
STREET ADDRESS **3700 ISLAND BOULEVARD**  
CITY-ST-ZIP **N.MIAMI BEACH, FL 33160**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **SPIEGEL, BETH**  
1.3 STREET ADDRESS **3700 ISLAND BLVD.**  
1.4 CITY-ST-ZIP **N.MIAMI BEACH, FL 33160**

2.1 TITLE **VD** ☒ Change ☐ Addition  
2.2 NAME **ARNOWITZ, DAVID**  
2.3 STREET ADDRESS **3700 ISLAND BOULEVARD**  
2.4 CITY-ST-ZIP **N.MIAMI BEACH, FL 33160**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME **MILLMAN, MERT**  
5.3 STREET ADDRESS **3700 ISLAND BOULEVARD**  
5.4 CITY-ST-ZIP **N.MIAMI BEACH, FL 33160**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**100001760371**  
**-03/28/96--01015--024**  
**\*\*\*61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**David Arnowitz**

Date

305-937-7898

Daytime Phone #

CR2E037 (12/95)