

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28374** (9)

1. Corporation Name

**MEDITERRANEAN VILLAGE CONDOMINIUM NO. TWO ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**7900 ISLAND BOULEVARD  
NORTH MIAMI BEACH FL 33160-4914**

**7900 ISLAND BOULEVARD  
NORTH MIAMI BEACH FL 33160-4906**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>3700 Island Boulevard</b>		26 <b>3700 Island Boulevard</b>		09/15/1988		03/27/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0093317		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution		<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPiegel, BETH			1.2 NAME	DAVID ARNOWITZ		
STREET ADDRESS	3700 ISLAND BLVD			1.3 STREET ADDRESS	3700 Island Boulevard		
CITY-ST-ZIP	N MIAMI BEACH FL 33160			1.4 CITY-ST-ZIP	North Miami Beach, 33160		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARNOWITZ, DAVID			2.2 NAME	HARVEY PITTERMAN		
STREET ADDRESS	3700 ISLAND BLVD.			2.3 STREET ADDRESS	3700 Island Boulevard		
CITY-ST-ZIP	N MIAMI BEACH FL 33160			2.4 CITY-ST-ZIP	North Miami Beach, 33160		
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACK, SHIRLEY			3.2 NAME			
STREET ADDRESS	3700 ISLAND BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARROLL, ROSEANN			4.2 NAME			
STREET ADDRESS	3700 ISLAND BLVD			4.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLMAN, MERT			5.2 NAME	GARY STONE		
STREET ADDRESS	3700 ISLAND BLVD.			5.3 STREET ADDRESS	3700 Island Boulevard		
CITY-ST-ZIP	N MIAMI BEACH FL 33160			5.4 CITY-ST-ZIP	North Miami Beach, 33160		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 registered agent 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 1997

305 937-7898

Date

Daytime Phone # 0031584

CR2E037 (9/96)