

FILE NOW: FILING FEE IS \$61.25

FILED

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
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DOCUMENT # **N28374** (9)

1. Corporation Name

**MEDITERRANEAN VILLAGE CONDOMINIUM NO.TWO ASSOCIA
TION, INC.**



Principal Place of Business 3700 ISLAND BLVD NORTH MIAMI BEACH FL 33160-4914 US	Mailing Address 3700 ISLAND BLVD NORTH MIAMI BEACH FL 33160-4914 US
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3. Date Incorporated or Qualified 09/15/1988	
4. FEI Number 65-0093317	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIR UNIT 1102 CORAL GABLES FL 33134
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOWITZ, DAVID	1.2 NAME	
STREET ADDRESS	3700 ISLAND BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTERMAN, HARVEY	2.2 NAME	
STREET ADDRESS	3700 ISLAND BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONE, GARY	5.2 NAME	JAY REINBERG, M.D.
STREET ADDRESS	3700 ISLAND BLVD	5.3 STREET ADDRESS	3700 ISLAND BLVD
CITY-ST-ZIP	NORTH MIAMI BEACH FL	5.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL
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 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:  **DAVID ARNOWITZ** **3/18/98** **305937-2898**

CR2E037 (10/97)