

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90393 045 \*\*\*\*61.25

**DOCUMENT # N28374**

1. Entity Name

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



Principal Place of Business

**3700 ISLAND BLVD  
AVENTURA FL 33160  
US**

Mailing Address

**3700 ISLAND BLVD  
AVENTURA FL 33160  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

**65-0093317**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GANGUZZA, ESQ., JOSEPH  
150 WEST FLAGLER STREET, 27TH FL  
MIAMI FL 33130**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **ARNOWITZ, DAVID**  
STREET ADDRESS **3700 ISLAND BLVD**  
CITY-ST-ZIP **AVENTURA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD** ☐ Delete  
NAME **BLACK, SHIRLEY**  
STREET ADDRESS **3700 ISLAND BLVD.**  
CITY-ST-ZIP **AVENTURA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **CARROLL, ROSEANN**  
STREET ADDRESS **3700 ISLAND BLVD**  
CITY-ST-ZIP **AVENTURA FL**

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **LAWRENCE GROSS**  
CITY-ST-ZIP **3700 ISLAND BLVD  
AVENTURA, FL**

TITLE **D** ☒ Delete  
NAME **EPSTEIN, LAWRENCE**  
STREET ADDRESS **3700 ISLAND BLVD**  
CITY-ST-ZIP **AVENTURA FL**

TITLE ☐ Change ☒ Addition  
NAME **VICE PRESIDENT**  
STREET ADDRESS **NED ROSEN**  
CITY-ST-ZIP **3500 ISLAND BLVD  
AVENTURA, FL**

TITLE **VP** ☐ Delete  
NAME **FELDER, WILMA**  
STREET ADDRESS **3500 ISLAND BLVD.**  
CITY-ST-ZIP **AVENTURA FL**

TITLE ☒ Change ☐ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **WILMA FELDER**  
CITY-ST-ZIP **3500 ISLAND BLVD  
AVENTURA, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **PRESIDENT**  
STREET ADDRESS **RICHARD MEYER**  
CITY-ST-ZIP **3700 ISLAND BLVD  
AVENTURA, FL**

12. 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 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:**

*Richard Meyer*

**Richard Meyer, Pres 4/14/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #