

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90098 044 ****61.28

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01092007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0093317	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLAZER, ERIC ESQ 1920 EAST HALLANDALE BEACH BLVD, 8TH FLOOR HALLANDALE, FL 33009				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSNER, IRA		NAME		
STREET ADDRESS	3500 ISLAND BLVD D404		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GROSS, LAWRENCE		NAME		
STREET ADDRESS	3700 ISLAND BLVD		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FELDER, WILMA		NAME	SHIRLEY BLACK	
STREET ADDRESS	3500 ISLAND BLVD.		STREET ADDRESS	3700 Island Blvd C301	
CITY-ST-ZIP	AVENTURA, FL		CITY-ST-ZIP	Aventura, FL 33160	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEYER, RICHARD		NAME		
STREET ADDRESS	3700 ISLAND BLVD.		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARD, JAMES		NAME		
STREET ADDRESS	3500 ISLAND BLVD		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33160		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>IRA ROSNER Pres. 1-17-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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