## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 

1997

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 22 1997 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS** 

## N96000003493 (1) DOCUMENT #

## MEDITERRANEA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address						- T REMIXING EINE FEITH BRINK ONISK ENING ANDISK ONISK ANDISK ANDISK ANDISK DINGS HELD HELD HELD HELD HELD HELD				
1230 HILLSBOR HILLSBORO BE		1230 HILLSBORO MILE HILLSBORO BEACH FL 33062-1330								
						3. Date Incorporated or Qualified 07/02/1996	3a. Date	e of Last F	leport	]
	Place of Business	2a. Mailing Address				4. FEI Number	*	A	oplied For	1
21		26				WOT APPLICABLE Not Applicable				]
Suite, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired Fee Required				
City & Stat	te	City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees				
Zip	Country Zip			untry		8. This corporation has liability for intangible tax under s. 199.032,				
24	9. Name and Address of Currer	29	30			Florida Statutes Yes No  1D. Name and Address of New Registered Agent				
	9. Name and Address of Curren	it negistered Agent		81	Name	10. Name and Address of New Keg	istered A	gent		-
05070	W INCHIEL			["	Haine					
	N, MICHAEL			82	Street Addre	dress (P.O. Box Number is Not Acceptable)				
SUITE 2	SISCAYNE BOULEVARD		83							-
	IRA FL 33180									
				84	City	-	FL		Code	
11. Pursuant office or appear La	to the provisions of Sections 617.050 registered agent, or both, in the State	02 and 617.1508, Florida Statut e of Florida. Such change was i	tes, the a authorize	bove d by	-named corp the corporati	oration submits this statement for the pu ion's board of directors. I hereby accept	irpose of a	changing in intment as	is registered registered	
	am familiar with, and accept the oblig	ations of Section 617.0003, Fi	orioa sia	lules	i.					-
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (NOT	E: Registere	d Age	nt signature require	ed when reinstating)	DATE			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	RS IN 12	ÍΘ
TITLE	DP	☐ DELETE	ITLE				Change	☐ Addition	96/6	
NAME	LEPINE, RENE H		1.2 NAME							<u>~</u>
STREET ADDRESS	1230 HILLSBORO MILE		TREET	ADDRESS					CR2E037	
CITY-ST-ZIP	HILLSBORO BEACH FL 3306		1.4 CITY-ST-ZIP							<u> </u>
TIFLE	D	DELETE	2.1 T	TLE				Change	■ Addition	סן
NAME	LEPINE, NORMAND F				2 NAME					
STREET ADDRESS	1230 HILLSBORO MILE	_	2.3 \$							
CITY-ST-ZIP	HILLSBORO BEACH FL 33062			CITY-S	T-21P					]
TITLE	VTAS	DELETE	3.1 T	ITLE				Change	Addition	
NAME	LEPINE, NORMAND F		3.2 NAM		}					
STREET ADORESS	1230 HILLSBORO MILE	•	3.3 ST		ADDRESS					
CITY-ST-ZIP	HILLSBORO BEACH FL 3306				T-ZIP					1
TITLE	DVS	L_ DELETE	4.1 T				[	Change	Addition	
NAME	YATES, RONALD		4.2 N							
STREET ADDRESS			4.3 S	4.3 STREET ADDRESS						1
CITY-ST-ZIP	HILLSBORO BEACH FL 3306		4.4 CIT		T-ZIP			7 &		1
TITLE		DELETE	. 5.1 Ti				L	Change	☐ Addition	
NAME				5.2 NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				ITY-SI	T-ZIP			1	6.4.00	1
TITLE		☐ DELETE	6.1 Ti				L	Change	Addition Addition	
NAME	1		621	ALAE	1					1

6.3 STREET ADDRESS

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 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 ji changed, or on an attachment with an address.