


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90213 026 ***61.25

DOCUMENT # N96000004353	
1. Entity Name MEDITERRANIA HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 500 NE SPANISH RIVER BLVD. SUITE 18 BOCA RATON, FL 33431	Mailing Address 500 NE SPANISH RIVER BLVD. SUITE 18 BOCA RATON, FL 33431
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40100410



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01142008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0741590	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
WILLIS, ERNEST W 500 NE SPANISH RIVER BLVD SUITE 18 BOCA RATON, FL 33431	

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	PEARL, DENNIS
STREET ADDRESS	7130 VIA FIRENZE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	VPD <input type="checkbox"/> Delete
NAME	KURTZMAN, BENITA
STREET ADDRESS	7161 VIA FIRENZE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	TD <input type="checkbox"/> Delete
NAME	MENDE, ELAINE
STREET ADDRESS	7102 VIA MEDITERRANIA
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	SD <input type="checkbox"/> Delete
NAME	HEIFETZ, TRUDY
STREET ADDRESS	7111 VIA MARBELLA
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	VPD <input type="checkbox"/> Delete
NAME	STERLING, JENNIE
STREET ADDRESS	7113 VIA FIRENZE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D STERLING, JENNIE
STREET ADDRESS	7113 VIA FIRENZE
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:		4/24/08	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				