FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700003639

1. Corporation Name

MEDITERRANEA ON HILLSBORO MILE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1230 HILLSBORO MILE HILLSBORO BEACH FL 33062 Mailing Address

1230 HILLSBORO MILE HILLSBORO BEACH FL 33062

FILED Mar 08, 1999 8:00 am Secretary of State

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AR) BRINI BRINI BRINI B	. 111 	

_	lace of Business	2a. Mailing Address				_	3. Date Incorporated or Qualified 06/24/1997						
21 Suite Ant	# atc	26	Suite, Apt. #, etc.				-+	4. FEI Number			App	lied For	
— · · ·	Suite, Apt. #, etc. Suite, Apt. #, etc. 27						65-0813753				Applicable		
City & State	е		City & State				-+			\$8	.75 A	ditional	
23 28						.	5. Certificate of Status Desired		· F	ee.Rec	uired 🗠		
Zip	Country Zíp Cou				ntry		6. Election Campaign Financing					\$5,00 May Be	
24	25	29 30			Trust Fund Contribution			·	Ā	dded to	Fees		
	9. Name and Address of Current I	Regis	stered Agent					10. Name and Address of Ne	w Registere	d Agent			
BEDZOW, MICHAEL 20803 BISCAYNE BLVD					81	Name	•						
					82 Street Address (P.O. Box Number is Not Acceptable)								
					Oli Coli Add			Globb (1 to), box (turnou) to troe recopiusis)					
SUITE 200					83						:		
	, A FL 33180				84	0:4:			 	85	Zip C	ode	
AVEITION	A 1 C 30 100				04	City			F	L °°	Zip C	J.	
11. Pursuant	to the provisions of Sections 617.0502	and 6	17.1508, Florida Statute	es, the a	bove	-named co	orpora	tion submits this statement for	he purpose	of chang	ing its r	egistered	
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florid	da. Such change was at	utnonzec	יעסנ	tne corpora	ation's	s board of directors. I hereby ac	cept the app	ointmen	t as reg	istered	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title	if applicable /NOTE	Pagistarad	Acen'	t signature requ	uired wi	neg minstating)	DATE				
12.	OFFICERS AND			13.	~gv	t organization of requi	0.00	ADDITIONS/CHANGES TO	OFFICERS A	AND DIR	ECTO	RS IN 12	
TITLE	PD	<i>Dir (2</i>	DELETE	1.1 T	r.e					, C		Addition	
NAME	LEPINE, RENE H			1.2 N					•			٠.	
STREET ADDRESS	1230 HILLSBORO MILE					ADDRESS						.	
	HILLSBORO BEACH FL 33062				TY-ST	·							
CITY-ST-ZIP TITLE	VTSD		☐ DELETE	2.1 TI		1-21				C	hange	☐ Addition	
NAME	LEPINE, NORMAND F			2.2 N	AME							ļ	
STREET ADDRESS	1230 HILLSBORO MILE					ADDRESS							
	HILLSBORO BEACH FL 33062				ITY-S								
CITY-ST-ZIP TITLE	VSD		☐ DELETE	3.1 TI							hange	☐ Addition	
NAME	YATES, RONALD		_	3.2 N									
STREET ADDRESS	1230 HILLSBORO MILE					ADDRESS				•			
	HILLSBORO BEACH FL 33062				my-s			•			•	İ	
CITY-ST-ZIP TITLE	THE COUNTY DENOTE TO SOUR		☐ DELETE	4,1 TI		,				□ C	hange	Addition	
NAME				4.2N									
STREET ADDRESS						ADDRESS			•				
CITY-ST-ZIP				1	TY-\$1								
TITLE			☐ DELETE	5.1 TI				· · · · · · · · · · · · · · · · · · ·		C	hange	Addition	
NAME				5.2 N	AME								
STREET ADDRESS				5.3 S	REET	ADDRESS							
CITY-ST-ZIP				5.4 C	TY-S1	r-ZIP							
TITLE			☐ DELETE	6.1 TI	TLE				`.	c	hange	☐ Addition	
NAME			<u> </u>	6.2 N	AME	Į							
STREET ADDRESS				6.3 S	REET	ADORESS						İ	
					TY-S1	ì				•			
CITY-ST-ZIP	partify that the information supplied with	thic f	Sline done not qualify for				2 500	tion 119 07/3\/ii\ Florida Statut	e I further	ertify the	ot the in	formation	

In hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2 26 95 954-7 tte Daytime Phori

954-725-0020 hytime Phone # :R2E037 (11/98