2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N97000003639

Entity Name: MEDITERRANEA ON HILLSBORO MILE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1230 HILLSBORO MILE
HILLSBORO BEACH, FL 33062

New Principal Place of Business:

C/O A&N MANAGEMENT, INC.
902 CLINT MOORE ROAD, #110
BOCA RATON, FL 33487

Current Mailing Address:

C/O A & N MANAGEMENT
902 CLINT MOORE RD #110
BOCA RATON, FL 33487

New Mailing Address:

C/O A&N MANAGEMENT, INC.
902 CLINT MOORE ROAD #110
BOCA RATON, FL 33487

FEI Number: 65-0813753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SACH, SAX & KLEIN, PA
301 YAMATO RD
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

SACH, SAX & CAPLAN
6111 BROKEN SOUTH PARKWAY, N.W
BOCA RATON, FL 33487 US

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.

SIGNATURE: LOU CAPLAN 03/03/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPT ( ) Delete
Name: O'FARRELL, STEPHEN
Address: 1228 HILLSBORO MILE #201
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: VPS ( ) Delete
Name: LARKIN, PETER
Address: 1228 HILLSBORO MILE #106
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: P ( ) Delete
Name: LODICE, AUSTIN
Address: 1230 HILLSBORO MILE #110
City-St-Zip: HILLSBORO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: IODICE, AUSTIN
Address: 1230 HILLSBORO MILE #110
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: O'FARRELL, STEPHEN
Address: 1228 HILLSBORO MILE #201
City-St-Zip: HILLSBORO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUSTIN IODICE PRES 03/03/2009
Electronic Signature of Signing Officer or Director Date