2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000006785

TAMPA FL 33602

2. Principal Place of Business

3154 LAKE ELLEN DRIVE

MENENDEZ LANDINGS HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address C/O FOWLER WHITE GILLEN ET AL 501 E KENNEDY BLVD SUITE 1700

C/O FOWLER WHITE GILLEN ET AL SÓI E KENNEDY BLVD SUITE 1700 **TAMPA FL 33602**

3. Mailing Address





Kun-

FILED
Sep 14, 2001 8:00 am & Secretary of State

04-30-2001 90440 036 ****61.25

09-14-2001 90031 029 ****61.25

Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
TAMDA, FL.		City & State TAMPA			4. FEI Number		oplied For ot Applicable	
33618	Country US A	33618	Country USA	5. Certificate of	Status Desired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name ANTHONY M. MESSINA, MD				
SHANNON, JEFFREY C ESQ C/O FOWLER WHITE GILLEN ET AL 501 E KENNEDY BLVD SUITE 1700			Stree	t Address (P.O. Box Number i	s Not Acceptable)			
			210	3154 LAKE ELLEN DRIVE				
TAMPA FL 3	33602		CityTAMPI		FL Zip Code 18			
8. The above na	med entity submits this statement f	or the purpose of changing i	its registered office	or registered agent, or both.	in the state of Florida.	, , , , ,		
-,	"Anthony M. MES	SINA, MD - P	pēsiden	Γ			·	
	(0)11.55	Cia MAM			9/7/1	0.4	· • · · · ·	
SIGNATURE	nature, typed or printed name of registered agen	and title i anationals	OTE B					
3/2	mature, typed of printed name or registered agen	t and title it applicable. (No	U I E: Hegistered Agent sig	nature required when reinstating)	DATE			
FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25 9. Election Campa Trust Fund Cor				\$5.00 May Be Added to Fees		ck Payable t ent of State		
					_ 			
10.	OFFICERS AND DI	RECTORS	11.	 	GES TO OFFICERS AND D	DIRECTORS IN	10	
TITLE	-	☐ Delete	TITLE	P/D 1	mad a	Change	Addition:	
NAME			NAME	ANTHONY M. M. SISY LAKE ELL	ESSINA MD		′	
STREET ADDRESS			STREET ADDRES					
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA, FL.	37618			
TITLE		☐ Delete	TITLE	V/5/T/D		Change	Addition	
NAME			NAME	MARILYN F. W	IESSINA		1	
STREET ADDRESS			STREET ADDRES	3154 LAKE E	llen Drive			
CITY-ST-ZIP		_	CITY-ST-ZIP	TAMPA, FLI	33618			
TITLE	والأراج والمتعلق والمتعلقة	Delete	TITLE	D	M ALIBOGUE	☐ Change	Addition	
NAME			NAME	BILL AND DONA	JIL WOKERS	-	•	
STREET ADDRESS			STREET ADDRES	. ,, -, -				
CITY-ST-ZIP			CITY-ST-ZIP		PACE, FL 33	617		
TITLE		☐ Delete	TITLE	D	at accession	☐ Change	Addition	
NAME	•		NAME	DAVID AND LAN	A REPLINI		•	
STREET ADDRESS			STREET ADDRES	1		KIVE	1	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA, FL.	33624)	
TITLE		☐ Delete	TITLE	D		☐ Change	Addition	
NAME /			NAME -	DAREN AND LINE	MECH ROSIEPIC	יתן אתי	`	
STREET ADDRESS			STREET ADDRES			ा स		
CITY-ST-ZIP			CITY-ST-ZIP	TAMPH, FL	336114			
TITLE	•	☐ Delete	TITLE	D		' 🔲 Change	Addition	
NAME			NAME	SIMON AMO DIN	A CHNASI		(
STREET ADDRESS	•		STREET ADDRESS		EN AVENUE			
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA, FL	33614			

12. I 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 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.

W. MESS WA. M. GNATURE:

SIGNATURE:

(813) 961-7657

Attachment

Dr. NO000006785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.

A006612-1

Title: D

Name: TIM AND DIANE PACKRALL

Address: 14718 CLARENDON DRIVE

TAMPA, FL 33624