

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91515 015 ***61.25

DOCUMENT # N000000006785
1. Entity Name
Menendez Landings Homeowners Assoc, Inc

DO NOT WRITE IN THIS SPACE

643335

2. Principal Place of Business
3154 LK. Ellen Drive
Suite, Apt. #, etc.

3. Mailing Address
3154 LK. Ellen Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number Applied For
 Not Applicable

Zip
33618

Country
USA

Zip
33618

Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Anthony M. Messina, MD
Street Address (P.O. Box Number is Not Acceptable)
3154 LK. ELLEN DRIVE
City Tampa FL Zip Code 33618

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------------|
| TITLE | <u>P/D</u> |
| NAME | <u>Anthony M. MESSINA, MD</u> |
| STREET ADDRESS | <u>3154 LK. ELLEN DRIVE</u> |
| CITY-ST-ZIP | <u>TAMPA, FL 33618</u> |
| TITLE | <u>V/S/T/D</u> |
| NAME | <u>Marilyn F. MESSINA</u> |
| STREET ADDRESS | <u>3154 LK ELLEN DRIVE</u> |
| CITY-ST-ZIP | <u>TAMPA, FL 33618</u> |
| TITLE | <u>D</u> |
| NAME | <u>Bill & Donna Andrews</u> |
| STREET ADDRESS | <u>11821 Gail DRIVE</u> |
| CITY-ST-ZIP | <u>Temple Terrace, FL 33617</u> |
| TITLE | <u>D</u> |
| NAME | <u>David & Lana Bellini</u> |
| STREET ADDRESS | <u>4304 Carrollwood Village Dr.</u> |
| CITY-ST-ZIP | <u>Tampa, FL 33624</u> |
| TITLE | <u>D</u> |
| NAME | <u>Daren & Linda Busiglio</u> |
| STREET ADDRESS | <u>6106 Glen Avenue, North</u> |
| CITY-ST-ZIP | <u>Tampa, FL 33614</u> |
| TITLE | <u>D</u> |
| NAME | <u>Simon & Dina Canasi</u> |
| STREET ADDRESS | <u>7815 Glen Avenue North</u> |
| CITY-ST-ZIP | <u>Tampa, FL 33614</u> |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/18/02 Daytime Phone # (813) 961-7657

ANTHONY MESSINA, MD

CR2E037B (12/01)