

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 06, 2006
Secretary of State**

DOCUMENT# N00000006785

Entity Name: MENENDEZ LANDINGS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3113 LAKE ELLEN DRIVE
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

3113 LAKE ELLEN DRIVE
TAMPA, FL 33618

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESSINA, ANTHONY M MD
3113 LAKE ELLEN DRIVE
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MESSINA, ANTHONY M MD
Address: 3113 LAKE ELLEN DRIVE
City-St-Zip: TAMPA, FL 33618

Title: VSTD () Delete
Name: MESSINA, MARILYN F
Address: 3113 LAKE ELLEN DRIVE
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: ANDREWS, BILL AND DONNA
Address: 3109 LAKE ELLEN DRIVE
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: CANASI, SIMON AND DINA
Address: 3107 LAKE ELLEN DRIVE
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: BELLINI, DAVID AND LANA
Address: 4304 CARROLLWOOD VILLAGE DR
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: BUSIGLIO, DAREN & LINDA
Address: 6106 GLEN AVE NORTH
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY M. MESSINA, MD

PD

02/06/2006

Electronic Signature of Signing Officer or Director

_____ Date