


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90540 048 \*\*\*\*61.25

**DOCUMENT # N00000006785**

1. Entity Name  
**MENENDEZ LANDINGS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**3154 LAKE ELLEN DRIVE  
TAMPA FL 33618**

Mailing Address  
**3154 LAKE ELLEN DRIVE  
TAMPA FL 33618**

2. Principal Place of Business  
**3113 LK Ellen Drive**

3. Mailing Address  
**3113 LK Ellen Drive**

Suite, Apt. #, etc.

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

Zip  
**33618**

Country  
**USA**

Zip  
**33618**

Country  
**USA**

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MESSINA, ANTHONY M MD  
3154 LAKE ELLEN DRIVE  
TAMPA FL 33618**

7. Name and Address of New Registered Agent

Name  
**Anthony M. MESSINA, MD**

Street Address (P.O. Box Number is Not Acceptable)  
**3113 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MESSINA, ANTHONY M MD 3154 LAKE ELLEN DRIVE TAMPA FL 33618</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD MESSINA, MARILYNF 3154 LAKE ELLEN DRIVE TAMPA FL 33618</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ANDREWS, BILL AND DONNA 11821 GAIL DRIVE TEMPLE TERRACE FL 33617</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CANASI, SIMON AND DINA 7815 NORTH GLEN AVE TAMPA FL 33614</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BELLINI, DAVID AND LANA 4304 CARROLLWOOD VILLAGE TAMPA FL 33624</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BUSIGLIO, DAREN &amp; LINDA 6106 GLEN AVE NORTH TAMPA FL 33614</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(D) Mongioui, Nelson and Josephine 2720 W. Louisiana Ave. Tampa, FL. 33614</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: **SIGNATURE REQUIRED** 4/18/03 (813) 9617657

CR2E037 (10/02)