

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007300

FILED
Sep 08, 2008
Secretary of State

Entity Name: RESERVE AT MEDITERRANEAN MANORS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1027 BROADWAY
DUNEDIN, FL 34698

New Principal Place of Business:

300 GULF BOULEVARD
BELLEAIR SHORES, FL 33786

Current Mailing Address:

1027 BROADWAY
DUNEDIN, FL 34698

New Mailing Address:

20550 S. LAGRANGE ROAD
SUITE 310
FRANKFORT, IL 60423

FEI Number: 83-0473624 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HEIRONIMUS, THOMAS L
1027 BROADWAY
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

PARSONS, ROBERT W
300 GULF BLVD.
BELLEAIR SHORES, FL 33786 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: ROBERT W. PARSONS

09/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HEIRONIMUS, THOMAS L
Address: 1027 BROADWAY
City-St-Zip: DUNEDIN, FL 34698

Title: VSD () Delete
Name: MACKENZIE, G. MICHAEL
Address: 1027 BROADWAY
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: HEIRONIMUS, CONSTANCE J
Address: 1027 BROADWAY
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: PARSONS, ROCHELLE
Address: 300 GULF BLVD.
City-St-Zip: BELLEAIR SHORES, FL 33786

Title: VP (X) Change () Addition
Name: EMSLIE, RICHARD
Address: 300 GULF BLVD.
City-St-Zip: BELLEAIR SHORES, FL 33786

Title: SECT (X) Change () Addition
Name: PARSONS, ROBERT W
Address: 300 GULF BLVD.
City-St-Zip: BELLEAIR SHORES, FL 33786

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: ROBERT W. PARSONS

SECT

09/08/2008

Electronic Signature of Signing Officer or Director

Date