

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 11, 2009
Secretary of State**

DOCUMENT# N05000007300

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

Current Principal Place of Business:

300 GULF BOULEVARD
BELLEAIR SHORES, FL 33786

New Principal Place of Business:

Current Mailing Address:

20550 S. LAGRANGE ROAD
SUITE 310
FRANKFORT, IL 60423

New Mailing Address:

FEI Number: 83-0473624 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PARSONS, ROBERT W
300 GULF BLVD.
BELLEAIR SHORES, FL 33786 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: PTD () Delete
Name: PARSONS, ROCHELLE
Address: 300 GULF BLVD.
City-St-Zip: BELLEAIR SHORES, FL 33786

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

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

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:

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

_____ Electronic Signature of Signing Officer or Director

MR.

02/11/2009

_____ Date