

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 05, 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:**3750 GUNN HIGHWAY
SUITE 109
TAMPA, FL 33618**Current Mailing Address:**20550 S. LAGRANGE ROAD
SUITE 310
FRANKFORT, IL 60423**New Mailing Address:**3750 GUNN HIGHWAY
SUITE 109
TAMPA, FL 33618

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:**VIDE, AVELINO
3750 GUNN HIGHWAY
SUITE 109
TAMPA, FL 33618 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: AVELINO VIDE

11/05/2009

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 33786Title: VP () Delete
Name: EMSLIE, RICHARD
Address: 300 GULF BLVD.
City-St-Zip: BELLEAIR SHORES, FL 33786Title: SECT () Delete
Name: PARSONS, ROBERT W
Address: 300 GULF BLVD.
City-St-Zip: BELLEAIR SHORES, FL 33786**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PTD (X) Change () Addition
Name: ROBERT, CARR
Address: 3750 GUNN HIGHWAY SUITE 109
City-St-Zip: TAMPA, FL 33618Title: VP (X) Change () Addition
Name: SPONTELLI, FRANK
Address: 3750 GUNN HIGHWAY SUITE 109
City-St-Zip: TAMPA, FL 33618Title: SECT (X) Change () Addition
Name: GISCHEL, DAVID
Address: 3750 GUNN HIGHWAY SUITE 109
City-St-Zip: TAMPA, FL 33618

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: BOB CARR

PRES

11/05/2009

Electronic Signature of Signing Officer or Director

Date