

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007300

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

11015 N DALE MABRY HWY  
SUITE A  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

11015 N DALE MABRY HWY  
SUITE A  
TAMPA, FL 33618

**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:**

VIDE, AVELINO  
11015 N DALE MABRY HWY  
SUITE A  
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: PTD  
Name: ROBERT, CARR  
Address: 11015 N DALE MABRY HWY SUITE A  
City-St-Zip: TAMPA, FL 33618

Title: VP  
Name: SPONTELLI, FRANK  
Address: 11015 N DALE MABRY HWY SUITE A  
City-St-Zip: TAMPA, FL 33618

Title: SECT  
Name: GISCHEL, DAVID  
Address: 11015 N DALE MABRY HWY SUITE A  
City-St-Zip: TAMPA, FL 33618

I hereby 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 all other like empowered.

SIGNATURE: BOB CARR

PRES

02/02/2012

Electronic Signature of Signing Officer or Director

Date