2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State
03-30-2006 90034 011 ****61.25

DOCUMENT # N05000010628

1. Entity Name

MEDITERRA CONDOMINIUM OWNERS ASSOCIATION, INC.

Entered
Approva
Descript

Principal Place of Business	Mailing Address
417 E VIRGINIA ST STE 1 TALLAHASSEE FL 32301	417 E VIRGINIA ST STE 1 TALLAHASSEE FL 32301

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 34009 Suite, Apt. #, etc.
City & State	City & State: Pensacola, FL
Zip / Country	Zip: 32507 / Country: USA

4. FEI Number: 20-3670850 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E VIRGINIA ST STE 1
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: Sheila Hodges - Meyer Real Estate
Street Address (P.O. Box Number is Not Acceptable): 17359 Perdido Key Drive
City: Pensacola FL Zip Code: 32507

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: Sheila Hodges 3/10/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAPLEY, MARK J 125 WOODMONT WAY RIDGELAND MS 39159	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Mark Shapley	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANADAY, EDWARD PO BOX 2400 CULLMAN AL 35056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANADAY, JOSEPH PO BOX 2400 CULLMAN AL 35056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Mark Shapley Manager