

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90009 024 \*\*\*\*61.25

<b>DOCUMENT # N95000003372</b>	
1. Entity Name <b>MEDALLION BUSINESS AND COMMERCIAL CONDOMINIUM ASSOCIATION, INC.</b>	
Principal Place of Business <b>1950 S.W BILTMORE STREET PORT ST. LUCIE FL 34984</b>	Mailing Address <b>1950 S.W BILTMORE STREET PORT ST. LUCIE FL 34984</b>
2. Principal Place of Business <b>1955 SW MACEDO BLVD.</b>	3. Mailing Address <b>1955 MACEDO BLVD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>PORT ST. LUCIE, FL</b>	City & State <b>PORT ST. LUCIE, FL</b>
Zip <b>34984</b>	Country <b>ST. LUCIE</b>



MOORE CR2E037 (11/03)

4. FEI Number <b>65-0566368</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>CAROTHERS, GARY ESQ. 1950 S.W BILTMORE STREET PORT ST. LUCIE FL 34984</b>		7. Name and Address of New Registered Agent
Name <b>JAMES BELLANTONI</b>		Street Address (P.O. Box Number is Not Acceptable) <b>1955 SW MACEDO BLVD.</b>
City <b>PORT ST. LUCIE</b>		FL Zip Code <b>34984</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25** *2439*  
**Due By May 1, 2004** *mail 4-6-04*

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	PD WHITEHURST, WINN 1950 S.W BILTMORE STREET PORT ST. LUCIE FL 34984 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VANDECKER, WILLIAM 1950 S.W BILTMORE STREET PORT ST. LUCIE FL 34984 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAROTHERS, GARY 1950 S.W BILTMORE STREET PORT ST. LUCIE FL 34984 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLANTONI, JAMES 1950 S.W BILTMORE STREET PORT ST. LUCIE FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELLANTONI, JAMES 1955 SW MACEDO BLVD. PORT ST. LUCIE, FL 34984 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIBITO, NICK 1950 S.W BILTMORE STREET PORT ST. LUCIE FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *James R. Bellantoni* **4-5-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #