

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000003372
 1. Entity Name
 MEDALLION BUSINESS AND COMMERCIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1955 SW MACEDO BLVD. PORT ST. LUCIE, FL 34984
 Mailing Address: 1955 SW MACEDO BLVD. PORT ST. LUCIE, FL 34984



01192005 No Chg-NP CR2E037 (10/03)

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4. FEI Number: 65-0566368 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BELLANTONI, JAMES
 1955 SW MACEDO BLVD.
 PORT ST. LUCIE, FL 34984

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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)

Filing Fee is \$61.25 Due by May 1, 2005
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BELLANTONI, JAMES
STREET ADDRESS	1955 SW MACEDO BLVD.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984
TITLE	D
NAME	TIBITO, NICK
STREET ADDRESS	1950 S.W BILTMORE STREET
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00010238121
 02/22/05-80030-025 61.25
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 persons empowered.

SIGNATURE: James Bellantoni (James Bellantoni) 2-7-05 (772) 873-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #