## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 02, 2007 08:00 AM Secretary of State DOCUMENT # N95000003372 1. Entity Namo MEDALLION BUSINESS AND COMMERCIAL CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1955 SW MACEDO BLVD. PORT ST. LUCIE FL 34984 1955 SW MACEDO BLVD. PORT ST. LUCIE FL 34984 2. Principal Placo of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 65-0566368 Not Applicable Zip Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BELLANTONI, JAMES 1955 SW MACEDO BLVD. Street Address (P.O. Box Number is Not Acceptable) PORT ST. LUCIE FL 34984 Zip Code 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 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11 TITLE PD ☐ Detete HILE ☐ Change ☐ Addition NAME NAME BELLANTONI, JAMES STREET ADDRESS STREET ADDRESS 1955 SW MACEDO BLVD. CITY-ST-ZIP PORT ST. LUCIE FL 34984 CITY-ST-ZIP D ☐ Delete TITLE Change Addition NAME TIBITO, NICK NAME U00000687261 04/10/07-80033-009 61.25 STREET ADDRESS 1950 S.W BILTMORE STREET STREET ADDRESS CHY-ST-ZIP PORT ST. LUCIE FL 34984 CITY ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADORESS CITY SI-ZIP CITY-ST-ZIP THE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE: James Bellanton: James Bellier 3-23-07 772-873-2400

12. I horoby 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 offect as if made under eath; 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.