

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003372

FILED
Feb 19, 2009
Secretary of State

Entity Name: MEDALLION BUSINESS AND COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1955 SW MACEDO BLVD.
PORT ST. LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

1955 SW MACEDO BLVD.
PORT ST. LUCIE, FL 34984

New Mailing Address:

FEI Number: 65-0566368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLANTONI, JAMES
1955 SW MACEDO BLVD.
PORT ST. LUCIE, FL 34984 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: PD () Delete
Name: BELLANTONI, JAMES
Address: 1955 SW MACEDO BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: D () Delete
Name: TIBITO, NICK
Address: 1950 S.W BILTMORE STREET
City-St-Zip: PORT ST. LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LOMBARDOZZI, FRANCES
Address: 1950 S.W BILTMORE STREET
City-St-Zip: PORT ST. LUCIE, FL 34984

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES BELLANTONI

PD

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date