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FILED
May 18, 2001 8:00 am
Secretary of State

04-03-2001 90058 050 ****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000565

1. Entity Name

MEDITERRA COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3451 BONITA BAY BLVD.,STE.202 BONITA SPRINGS FL 34134	3451 BONITA BAY BLVD.,STE.202 BONITA SPRINGS FL 34134

[redacted] [redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0993064 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GILKEY, DENNIS E 3451 BONITA BAY BLVD.,STE.202 BONITA SPRINGS FL 34134	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAHAM, DAVID 3451 BONITA BAY BLVD.,STE.202 BONITA SPRINGS FL 34134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP D ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATTS, SUSAN H 3451 BONITA BAY BLVD.,STE.202 BONITA SPRINGS FL 34134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGOWAN, JAMES P 3451 BONITA BAY BLVD.,STE.202 BONITA SPRINGS FL 34134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST D ☒ Change ☐ Addition
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CR2E037 (10/00)

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: [signature] 3/27/01 (941) 495-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #