

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000565

FILED
Mar 13, 2008
Secretary of State

Entity Name: MEDITERRA COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

9990 COCONUT RD., SUITE 200
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

9990 COCONUT RD., SUITE 200
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 65-0993064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAC'KIE, PAMELA S
9990 COCONUT RD., SUITE 200
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

WHITNEY, SCOTT R
9990 COCONUT RD., SUITE 200
BONITA SPRINGS, FL 34135 US

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: SCOTT R. WHITNEY

03/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GARON, JOEY
Address: 9990 COCONUT RD, STE 200
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DVP () Delete
Name: LEETE, ROBIN
Address: 9990 COCONUT RD, STE 200
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DST () Delete
Name: DONATHAN, BILL
Address: 9990 COCONUT RD., SUITE 200
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GARON, JOSEPH B
Address: 9990 COCONUT RD, STE 200
City-St-Zip: BONITA SPRINGS, FL 34135

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

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

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: JOSEPH B. GARON

P

03/13/2008

Electronic Signature of Signing Officer or Director

Date