

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90111 026 ****70.00

DOCUMENT # N00000000565

1. Entity Name

MEDITERRA COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**3451 BONITA BAY BLVD.,STE.202
BONITA SPRINGS FL 34134**

Mailing Address

**3451 BONITA BAY BLVD.,STE.202
BONITA SPRINGS FL 34134**

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☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

9990 Coconut Road

3. Mailing Address

9990 Coconut Rd.

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

Bonita Springs FL

City & State

Bonita Springs FL

Zip

34135

Country

USA

Zip

34135

Country

USA

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

**GILKEY, DENNIS E
3451 BONITA BAY BLVD.,STE.202
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9990 Coconut Road

Suite 200

City

Bonita Springs

FL

Zip Code

34135

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GRAHAM, DAVID**
STREET ADDRESS **3451 BONITA BAY BLVD.,STE.202**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **D** ☐ Delete
NAME **WATTS, SUSAN H**
STREET ADDRESS **3451 BONITA BAY BLVD.,STE.202**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **D** ☐ Delete
NAME **MCGOWAN, JAMES P**
STREET ADDRESS **3451 BONITA BAY BLVD.,STE.202**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9990 Coconut Rd., Ste 200**
CITY-ST-ZIP **Bonita Springs FL 34135**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9990 Coconut Rd., Ste 200**
CITY-ST-ZIP **Bonita Springs FL 34135**

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STREET ADDRESS **9990 Coconut Rd., Ste 200**
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TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **SIG. REQUIRED**

1/31/03 239-495-1000

CR2E037 (10/02)