## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#720915**

FILED Apr 21, 2006 Secretary of State

Entity Name: MEDITERRANEAN MANORS ASSOCIATION INC

Surrent P	Principal Place	of Business:	New Princip	al Place of Business:
	SHORE BLVD I, FL 34698160	2 US	2700 BAYSH DUNEDIN, F	
Current N	/lailing Addres	s:	New Mailing	Address:
	SHORE BLVD I, FL 34698160	2 US	2700 BAYSH DUNEDIN, F	
El Number	r: 59-1388303	FEI Number Applied For ( )	FEI Number Not Applica	ble ( ) Certificate of Status Desired (
lame and	d Address of C	urrent Registered Agent:	Name and A	ddress of New Registered Agent:
DUNEDIN	,	US submits this statement for the	ourpose of changing its	registered office or registered agent, or
	RE:	ic Signature of Registered Ag	ent	Date
SIGNATU	RE:Electron	ic Signature of Registered Ag		Date CHANGES TO OFFICERS AND DIRE
SIGNATU  DFFICER  itle: ame: ddress:	Electron  S AND DIREC  PD ()  GILLOOLEY, E 2700 BAYSHOF	TORS:  Delete DMUND L RE BLVD #6200		Date CHANGES TO OFFICERS AND DIRE  ( ) Change ( ) Addition
DFFICER itle: lame: ddress: itle: lame: ddress:	Electron  S AND DIREC  PD () GILLOOLEY, EI 2700 BAYSHOP DUNEDIN, FL 3  VPD () TUTTLE, DONA 2700 BAYSHOP	Delete DMUND L RE BLVD #6200 84698 US Delete LD C RE BLVD #11407	ADDITIONS/ Title: Name: Address:	CHANGES TO OFFICERS AND DIRE
SIGNATU	Electron  S AND DIREC  PD () GILLOOLEY, EI 2700 BAYSHOF DUNEDIN, FL 3  VPD () TUTTLE, DONA 2700 BAYSHOF DUNEDIN, FL 3  SD () PERKINS, DOR 2700 BAYSHOF	Delete DMUND L RE BLVD #6200 84698 US  Delete LD C RE BLVD #11407 84698 US  Delete	ADDITIONS  Title: Name: Address: City-St-Zip:  Title: Name: Address:	CHANGES TO OFFICERS AND DIRE  ( ) Change ( ) Addition
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I hereby certify that the information supplied with this filing does not qualify for the 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: EDMUND L. GILLOOLEY PD 04/21/2006