


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90269 010 \*\*\*\*61.25

<b>DOCUMENT # 756374</b>		
1. Entity Name MED. CONDO. ASSN., INC.		

Principal Place of Business 1439C MEDITERRANEAN DR PUNTA GORDA, FL 33950 US	Mailing Address PO BOX 510571 PUNTA GORDA, FL 33951 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6025 Taylor Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #2	
City & State		City & State Punta Gorda, FL	
Zip 33950	Country USA		

6. Name and Address of Current Registered Agent BOLAS, JOAN 1439C MEDITERRANEAN DR PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name: Star Hospitality Management Street Address (P.O. Box Number is Not Acceptable) 6025 Taylor Rd #2 City: Punta Gorda FL Zip Code: 33950	
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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: <i>Sherry Dahn</i>	DATE: 4-19-07

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <i>F SEC.</i>	<input type="checkbox"/> Delete	TITLE: <i>President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BEECH, BARBARA		NAME: Raymond Schultz	
STREET ADDRESS: 14390 MEDITERRANEAN DRIVE		STREET ADDRESS: 1433 Mediterranean DR #E	
CITY-ST-ZIP: PUNTA GORDA, FL		CITY-ST-ZIP: Punta Gorda, FL 33950	
TITLE: <i>D</i>	<input type="checkbox"/> Delete	TITLE: <i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: RICHARDS, THAYLE		NAME: Joan Behrman	
STREET ADDRESS: 7427 RIDGE EDGE COURT		STREET ADDRESS: 1439 Mediterranean Dr. #B	
CITY-ST-ZIP: FLORENCE, KY 41042		CITY-ST-ZIP: Punta Gorda, FL 33950	
TITLE: <i>D</i>	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BOLAS, JOAN		NAME:	
STREET ADDRESS: P.O. BOX 510571		STREET ADDRESS:	
CITY-ST-ZIP: PUNTA GORDA, FL 33950		CITY-ST-ZIP:	
TITLE: <i>D</i>	<input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCHULTZ, SP		NAME:	
STREET ADDRESS: 514 APACHE TRAIL EAST		STREET ADDRESS:	
CITY-ST-ZIP: LAKE VILLA, IL 60046		CITY-ST-ZIP:	
TITLE: <i>D</i>	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MILLER, SHARON		NAME:	
STREET ADDRESS: 1439-B MEDITERRANEAN DR		STREET ADDRESS:	
CITY-ST-ZIP: PUNTA GORDA, FL 33950		CITY-ST-ZIP:	
TITLE: <i>TRES</i>	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TRAYNOR, BARBARA		NAME:	
STREET ADDRESS: 1433-C MEDITERRANEAN DR		STREET ADDRESS:	
CITY-ST-ZIP: PUNTA GORDA, FL 33950		CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Barbara O. Traynor</i>	DATE: 4/19/07

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01232007 Chg-NP CR2E037 (12/06)

4. FEI Number  
NOT APPLICABLE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required