
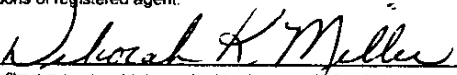
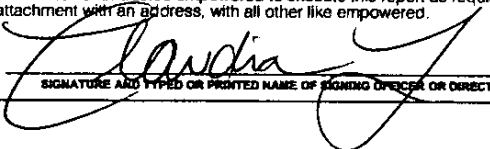


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90020 022 ****61.25

| | | | |
|--|--|--|---|
| DOCUMENT # 760188 | |  | |
| 1. Entity Name MENTONE COURT CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business 631 N ORANGE AVENUE SARASOTA, FL 34232 US | | Mailing Address 63 SARASOTA CENTER BLVD SUITE #104 SARASOTA, FL 34240 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 2848 Proctor Road | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Sarasota, FL | |
| Zip | Country | Zip | Country |
| 34231 | USA | 34231 | USA |
| 4. FEI Number 59-6197799 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| KINLEY, PATRICIA 631 N ORANGE AVE #202 SARASOTA, FL 34232 | | Name Miller Management Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2848 Proctor Road City Sarasota FL Zip Code 34231 | |
| 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  | | DATE 4/9/07 | |
| 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 | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SHEA, CLAUDIA 2317 ARLINGTON ST SARASOTA, FL 34239 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KINLEY, PATRICIA 631 NORTH ORANGE AVE SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD PERRY, AL 4635 Flatbush Avenue Sarasota, FL 34233 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PENNO, CATHY 4234 MACKEY FALLS TERRACE SARASOTA, FL 34239 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD CLARK, KEN P.O. Box 4295 Sarasota, FL 34230 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STILES, CECILIA 631 N. ORANGE AVE SARASOTA, FL 34236 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CIAMPOLILIO, BARBARA 5378 Winewood Drive Sarasota, FL 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS ADI PROPERTY MANAGEMENT 63 SARASOTA CENTER BLVD. SUITE 104 SARASOTA, FL 34240 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PENNO, GEORGE 4234 MACKEY FALLS TERRACE SARASOTA, FL 34243 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 817, 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:  | | Claudia Shea, President 4-9-07 (941) 923-5811 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |