

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006785

FILED  
Mar 03, 2007  
Secretary of State

**Entity Name:** MENENDEZ LANDINGS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3113 LAKE ELLEN DRIVE  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

3113 LAKE ELLEN DRIVE  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MESSINA, ANTHONY M MD  
3113 LAKE ELLEN DRIVE  
TAMPA, FL 33618    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD                      ( ) Delete  
Name: MESSINA, ANTHONY M MD  
Address: 3113 LAKE ELLEN DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: VSTD                      ( ) Delete  
Name: MESSINA, MARILYN F  
Address: 3113 LAKE ELLEN DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: D                      ( ) Delete  
Name: ANDREWS, BILL AND DONNA  
Address: 3109 LAKE ELLEN DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: D                      ( ) Delete  
Name: CANASI, SIMON AND DINA  
Address: 3107 LAKE ELLEN DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: D                      ( ) Delete  
Name: BELLINI, DAVID AND LANA  
Address: 4304 CARROLLWOOD VILLAGE DR  
City-St-Zip: TAMPA, FL 33624

Title: D                      ( ) Delete  
Name: BUSIGLIO, DAREN & LINDA  
Address: 6106 GLEN AVE NORTH  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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 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: ANTHONY M MESSINA

PD

03/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date