2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000004361

1. Entity Name

MONTEROSSO III AT MEDITERRA CONDOMINIUM ASSOCIATION, INC.



Secretary of State 06-01-2004 90008 046 ****61.25

FILED Jun 01, 2004 8:00 am

Principal Place of Business Mailing Address 8430 ENTERPRISE CIRCLE, SUITE 100 8430 ENTERPRISE CIRCLE, SUITE 100 54056202 BRADENTON, FL 34202-4108 BRADENTON, FL 34202-4108 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 Cha-NP CR2E037 (10/03) Applied For City & State 4. FEI Number City & State 55-0786900 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPENCER, MARC I Street Address (P.O. Box Number Is Not Acceptable) 877 EXECUTIVE CENTER DRIVE W., SUITE 205 ST. PETERSBURG, FL 33702-2472 City Zip Code 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 Stonature, woed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. -- -Added to Fees Florida Department of State Due by May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Change TITI F Delete TITLE Terch, Irwin SCHWARTZ, DOUGLAS L NAME NAME 155 34 Monterosso Ln #201 STREET ADDRESS STREET ADDRESS 2950 IMMOKALEE RD., STE. 2 CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP VD DV TITLE X Delete TITLE Barr, Mark MARTINELLO, C. MICHAEL NAME 8430 ENTERPRISE CIR. STREET ADDRESS 155 47 Monterosso Lu # 102 STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP BRADENTON, FL 342024108 DST Delete TITLE Addition TITLE FICHTER, THOMAS P NAME NAME 2950 IMMOKALEE RD., STE. 2 STREET ADDRESS STREET ADDRESS City-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP ☐ Change TITI F ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS 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: