2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003927

FILED Apr 30, 2009 Secretary of State

Certificate of Status Desired ()

Entity Name: MEDITERRANEA OF DESTIN CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

50 SURF SONG LANE MIRAMAR BEACH, FL 32550

FEI Number: 55-0833188

Current Mailing Address: New Mailing Address:

215 GRAND BLVD P O BOX 5279

FEI Number Applied For ()

SUITE 200 NICEVILLE, FL 32578 US

MIRAMAR BEACH, FL 32550 US

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

GORMLEY, TERRY P

215 GRAND BLVD

SUITE 200

MIRAMAR BEACH, FL 32550 US

THOMAS, CAROL

1213 OAKMONT DR

NICEVILLE, FL 32578 US

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.

FEI Number Not Applicable ()

SIGNATURE: E CAROL THOMAS 04/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DV () Delete Title: P (X) Change () Addition

 Name:
 HECK, LOWELL B
 Name:
 MACHAMER, THOMAS

 Address:
 1816 CAMPUS DR
 Address:
 50 SURF SONG

City-St-Zip: FAIRBORN, OH 45324 US City-St-Zip: MIRAMAR BEACH, FL 3550 US

Title: DST () Delete Title: VP (X) Change () Addition Name: PUGH, RICKY Name: PANZARELLA, AL

 Address:
 2434 BASIN DR
 Address:
 4323 WEST LAUREL PLACE

 City-St-Zip:
 GAINESVILLE, GA 30506 US
 City-St-Zip:
 WESTON, FL 33332 US

Title: DP () Delete Title: D (X) Change () Addition Name: PANZARELLA, ALBERT Name: TYSON, ROBYN

 Address:
 4323 LAUREL PLACE
 Address:
 123 FOREST RIDGE DR

 City-St-Zip:
 WESTON, FL 33332 US
 City-St-Zip:
 EATONTON, GA 30124 US

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 LACOVELLI, GAIL

 Address:
 Address:
 460 QUAIL DR

 City-St-Zip:
 City-St-Zip:
 NAPERVILLE, IL 60565

I hereby certify that the information supplied with this filing does not qualify 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: E. CAROL THOMAS AGT 04/30/2009