

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003927

FILED  
Jan 05, 2012  
Secretary of State

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

**Current Principal Place of Business:**

50 SURF SONG LANE  
MIRAMAR BEACH, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 5279  
NICEVILLE, FL 32578 US

**New Mailing Address:**

**FEI Number:** 55-0833188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BECKER & POLIAKOFF, P.A.  
348 MIRACLE STRIP PKWY  
SUITE 7  
FORT WALTON BEACH, FL 32548 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: PRES  
Name: PANZARELLA, AL  
Address: 4641 GULFSTARR DR STE 104  
City-St-Zip: DESTIN, FL 32541 US

Title: VP  
Name: PUGH, RICKY  
Address: 4641 GULFSTARR DR STE 104  
City-St-Zip: DESTIN, FL 32541 US

Title: SEC  
Name: IACOVELLI, GAIL  
Address: 4641 GULFSTARR DR STE 104  
City-St-Zip: DESTIN, FL 32541 US

Title: TREA  
Name: ARNHOLT, FRED  
Address: 4641 GULFSTARR DR STE 104  
City-St-Zip: DESTIN, FL 32541

Title: DIR  
Name: WILLIAMS, TOMMY  
Address: 4641 GULFSTARR DR STE 104  
City-St-Zip: DESTIN, FL 32541

I hereby 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 all other like empowered.

SIGNATURE: AL PANZARELLA

PRES

01/05/2012

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

\_\_\_\_\_  
Date