

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 25, 2007 8:00 am**  
**Secretary of State**

06-25-2007 90003 007 \*\*\*\*61.25

**DOCUMENT # N04000004625**

1. Entity Name  
**BRENDISI AT MEDITERRA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**TAYLOR WOODROW COMMUNITIES  
8430 ENTERPRISE CIRCLE, SUITE 100  
BRADENTON, FL 34202-4108**

Mailing Address  
**TAYLOR WOODROW COMMUNITIES  
8430 ENTERPRISE CIRCLE, SUITE 100  
BRADENTON, FL 34202-4108**

2. Principal Place of Business - No P.O. Box #  
**8910 TERRENE CT., LLC**

3. Mailing Address  
**8910 TERRENE CT.**

Suite, Apt. #, etc.  
**SUITE 200**

Suite, Apt. #, etc.  
**SUITE 200**

City & State  
**Bonita Springs, FL**

City & State  
**Bonita Springs, FL**

Zip  
**34135**

County  
**USA**

Zip  
**34135**

County  
**USA**

6. Name and Address of Current Registered Agent

**SPENCER, MARC I  
877 EXECUTIVE CENTER DRIVE WEST  
SUITE 205  
ST. PETERSBURG, FL 33702-2472**

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-1553774**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name  
**Wendy R. Ralph L.**

Street Address (P.O. Box Number is Not Acceptable)  
**8910 TERRENE CT.**

Suite, Apt. #, etc.  
**SUITE 200**

City  
**Bonita Springs**

FL

Zip Code  
**34135**

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 **Wendy R. Ralph L.** (NOTE: Registered Agent signature required when reinstating)

DATE **4/14/07**

Filing Fee is **\$61.25**  
Due by **May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD	NAME WHITMORE, JAMES A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 840 ENTERPRISE CIRCLE SUITE 100		
CITY-ST-ZIP BRADENTON, FL 34202		
TITLE DVP	NAME SMITH, ALAN B	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2950 IMMOKALEE ROAD SUITE 2		
CITY-ST-ZIP NAPLES, FL 34110		
TITLE DS	NAME FICHTER, THOMAS P	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 8430 ENTERPRISE CIRCLE SUITE 100		
CITY-ST-ZIP BRADENTON, FL 342024108		
TITLE AS	NAME SPENCER, MARC I	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 877 EXECUTIVE CENTER DR. WEST #205		
CITY-ST-ZIP ST. PETERSBURG, FL 337022472		
TITLE T	NAME COHEN, ANN S	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 877 EXECUTIVE CENTER DR. WEST #205		
CITY-ST-ZIP ST. PETERSBURG, FL 33702272		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D	NAME Ralph, Randall	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 29130 Brendisi Way, #202		
CITY-ST-ZIP NAPLES, FL 34110		
TITLE V/P	NAME Knot Lorraine	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 29130 Brendisi Way, #201		
CITY-ST-ZIP NAPLES, FL 34110		
TITLE P/D	NAME Christina Paul	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 29110 Brendisi Way, #201		
CITY-ST-ZIP NAPLES, FL 34110		
TITLE P/D	NAME Prindorf, Michael	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS Brendisi Way, #102		
CITY-ST-ZIP NAPLES, FL 34110		
TITLE V/P	NAME Van Tassel, Thomas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 29130 Brendisi Way, #101		
CITY-ST-ZIP NAPLES, FL 34110		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 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: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/14/07** Daytime Phone # **566-1492**