


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90386 016 ****61.25

DOCUMENT # N05000001421			
1. Entity Name MEDITERRANEAN CONDOMINIUM ASSOCIATION OF VOLUSIA COUNTY, INC.			
Principal Place of Business 711 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169		Mailing Address 711 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 25-1917461		Applied For <input checked="" type="checkbox"/> APPLIED FOR <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FROST, CINDY 711 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169		7. Name and Address of New Registered Agent Name G.W.S. SIMPSON III, P.A. Street Address (P.O. Box Number is Not Acceptable) 431 CANAL ST., SUITE A City NEW SMYRNA BCH. FL Zip Code 32168	
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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 **G.W.S. SIMPSON III, P.A.** DATE **4-16-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST- ZIP	PD ATKINS, JOHN 711 SOUTH ATLANTIC AVENUE, #503 NEW SMYRNA BEACH FL 32169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST- ZIP	VPD ZIMMERMAN, MICHAEL 8102 EDGEWARE LANE LOUISVILLE, KY 40220 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST- ZIP	SD SIMMONS, PAMELA 450 SOUTH TIMBERLANE DRIVE NEW SMYRNA BEACH FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST- ZIP	Secretary Teresa Watkins 951 Leigh Ave. Orlando, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST- ZIP	TD PETERS, KATHY 30981 PINE CONE DRIVE FARMINGTON HILLS MI 48331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **G.T. Atkins** **John Atkins** DATE **4-16-07** **586-423-5188**