

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001421

FILED
Mar 18, 2009
Secretary of State

Entity Name: MEDITERRANEAN CONDOMINIUM ASSOCIATION OF VOLUSIA COUNTY, INC.

Current Principal Place of Business:

711 SOUTH ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

741 CLATTER BRIDGE ROAD
OCALA, FL 34471

New Mailing Address:

1741 CLATTER BRIDGE ROAD
OCALA, FL 34471

FEI Number: 25-1917461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEIDLE, DOREEN
601 BAYWOOD COURT
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

ANDREWS, SANDY
1741 CLATTER BRIDGE ROAD
OCALA, FL 34471 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.

SIGNATURE: SANDY ANDREWS

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WATKINS, TERESA
Address: 951 LEIGH AVENUE
City-St-Zip: ORLANDO, FL 32804

Title: VPD () Delete
Name: ZEIMER, DOUGLAS
Address: 6338 NW 40 COURT
City-St-Zip: BOCA RATON, FL 33496

Title: SD () Delete
Name: STEIDLE, DOREEN
Address: 601 BAYWOOD COURT
City-St-Zip: LAKE MARY, FL 32746

Title: TD () Delete
Name: ANDREWS, SANDY
Address: 1741 CLATTER BRIDGE ROAD
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: ATKINS, JOHN
Address: 711 SOUTH ATLANTIC AVENUE, #503
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: PETERS, KATHY
Address: 30981 PINE CONE DRIVE
City-St-Zip: FARMINGTON HILLS, MI 48331

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BRYAN, IV, JAMES
Address: 5657 NORTH DEAN ROAD
City-St-Zip: ORLANDO, FL 32817

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: SANDY ANDREWS

TD

03/18/2009

Electronic Signature of Signing Officer or Director

Date