

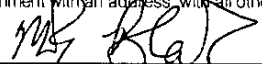


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90199 022 ****61.25

DOCUMENT # N05000002068 1. Entity Name MEDITERRANEA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5770 SAWYER ROAD SARASOTA, FL 34233		Mailing Address 5770 SAWYER ROAD SARASOTA, FL 34233	
2. Principal Place of Business 2107 63RD AVE E Suite, Apt. #, etc.		3. Mailing Address 2107 63RD AVE E Suite, Apt. #, etc.	
City & State BRADENTON, FL Zip 34203 Country USA		City & State BRADENTON, FL Zip 34203 Country USA	
4. FEI Number 05-0624850		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04242006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent SHEPHERD, DAVID M 3947 CLARK ROAD SARASOTA, FL 34233		7. Name and Address of New Registered Agent Name SRQ PROPERTY MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 2107 63 RD AVE E City BRADENTON FL Zip Code 34203	
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  _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	SHEPHERD, DAVID M		
STREET ADDRESS	3947 CLARK ROAD		
CITY-ST-ZIP	SARASOTA, FL 34233		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	SHEPHERD, DEVON D		
STREET ADDRESS	3947 CLARK ROAD		
CITY-ST-ZIP	SARASOTA, FL 34233		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	SHEPHERD, GRETCHEN S		
STREET ADDRESS	3947 CLARK ROAD		
CITY-ST-ZIP	SARASOTA, FL 34233		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P MARK BLACK	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	3982 MEDITERRANEA CIR		
STREET ADDRESS	SARASOTA, FL 34233		
CITY-ST-ZIP			
TITLE	VP ANN DONALDSON	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	3909 MEDITERRANEA CIR		
STREET ADDRESS	SARASOTA, FL 34233		
CITY-ST-ZIP			
TITLE	S ROBERTA EURES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	3903 MEDITERRANEA CIR		
STREET ADDRESS	SARASOTA, FL 34233		
CITY-ST-ZIP			
TITLE	T CRAIGER SCHEUER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PO BOX 21652		
STREET ADDRESS	SARASOTA, FL 34276		
CITY-ST-ZIP			
TITLE	D BARBARA TRACY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	5311 NATHANIEL PLACE		
STREET ADDRESS	SARASOTA, FL 34233		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
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:  PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/25/06 941-809-8057 <small>Date Daytime Phone #</small>	