

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Apr 02, 2007 8:00 am
Secretary of State

03-19-2007 90084 047 ****61.25

DOCUMENT # N06000008074 1. Entity Name MEDITERRANEAN LANDING CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1812 SW 49TH TERRACE CAPE CORAL, FL 33914			Mailing Address 1812 SW 49TH TERRACE CAPE CORAL, FL 33914		
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		Country		4. Fee Number <div style="font-size: 1.2em; font-family: monospace;">20-5485957</div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FILEMAN, ARIANA R 1107 W MARION AVE STE 112 PUNTA GORDA, FL 33950				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px;">FL</div> <div style="border: 1px solid black; padding: 2px;">Zip Code</div> </div>	
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 reappointing)</small>					
Filing 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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 50%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<div style="border: 1px solid black; padding: 2px;"> <small>PD</small> RUGGIERO, WILLIAM 1812 SW 49TH TERRACE CAPE CORAL, FL 33914 </div> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<div style="border: 1px solid black; padding: 2px;"> <small>Change</small> <input type="checkbox"/> <small>Addition</small> <input type="checkbox"/> </div>		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<div style="border: 1px solid black; padding: 2px;"> <small>VPO</small> FARRELL, ROBERT 1812 SW 49TH TERRACE CAPE CORAL, FL 33914 </div> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<div style="border: 1px solid black; padding: 2px;"> <small>Change</small> <input type="checkbox"/> <small>Addition</small> <input type="checkbox"/> </div>		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<div style="border: 1px solid black; padding: 2px;"> <small>STD</small> DEVITO, DOMINIC 1812 SW 49TH TERRACE CAPE CORAL, FL 33914 </div> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<div style="border: 1px solid black; padding: 2px;"> <small>Change</small> <input type="checkbox"/> <small>Addition</small> <input type="checkbox"/> </div>		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<div style="border: 1px solid black; padding: 2px;"> <div style="height: 20px;"></div> </div> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<div style="border: 1px solid black; padding: 2px;"> <small>Change</small> <input type="checkbox"/> <small>Addition</small> <input type="checkbox"/> </div>		
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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: **MANAGER**

3/15/07

239-560-7602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone