2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2009
Secretary of State

DOCUMENT# N06000010917

Entity Name: LA MEDITERRANEAN CONDOMINIUMS ASSOCIATION OF TALLAHASSEE, INC.

Current Principal Place of Business:

2799 NW BOCA RATON BLVD SUITE 203
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2799 NW BOCA RATON BLVD SUITE 203
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCIARRETTA, STEVEN A
2799 NW BOCA RATON BLVD SUITE 203
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	VECCIA, BRIAN	
Address:	220 CONGRESS PARK DR SUITE 100	
City-St-Zip:	DELRAY BEACH, FL 33445	
Title:	VD	( ) Delete
Name:	VECCIA, KIMBERLY	
Address:	220 CONGRESS PARK DR SUITE 100	
City-St-Zip:	DELRAY BEACH, FL 33445	
Title:	SD	( ) Delete
Name:	REILLY, CURT	
Address:	1334 RACHEL LANE	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	TD	( ) Delete
Name:	SCIARRETTA, STEVEN A	
Address:	2799 NW BOCA RATON BLVD SUITE 203	
City-St-Zip:	BOCA RATON, FL 33431	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: STEVEN SCIARRETTA MGR 01/31/2009
Electronic Signature of Signing Officer or Director — Date