FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 PM 8:24

DOCUMENT # N08321 (4)

1. Corporation Name

MEDITERRANEAN VILLAS HOMOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16691 FRONT BCH RD. 80 PANAMA CITY BCH FL 32413 US	16691 FRONT BEACH ROAD 16691 W. HWY. 98-A PANAMA CITY BEACH FL 32413

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1985
3a. Date of Last Report: 07/22/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KALLENBERG, W.G. 16691 FRONT BCH RD. PANAMA CITY BEACH FL 32413	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: W.G. Kallenberg — 5/20/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BENNETT, WILLIAM	12 NAME	
STREET ADDRESS	1107 HILLBROOK LN	13 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	KALLENBERG, W.G.	22 NAME	
STREET ADDRESS	16691 W. HWY. 98-A	23 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH. FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	CAFFEY, T D	32 NAME	
STREET ADDRESS	104 TROTMAN CIR	33 STREET ADDRESS	
CITY-ST-ZIP	OZARK AL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BENNETT, WILLIAM	42 NAME	
STREET ADDRESS	1107 HILLBROOK LANE	43 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KOSAN, ANDREW	52 NAME	
STREET ADDRESS	2401 STONE BRIDGE RD.	53 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL	54 CITY-ST-ZIP	
TITLE	PD	61 TITLE	☐ Change ☐ Addition
NAME	WEEKS, JAMES	62 NAME	
STREET ADDRESS	COUNTRY CLUB DR	63 STREET ADDRESS	
CITY-ST-ZIP	OPP AL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William G. Kallenberg — 5/20/95 — 904-235-4253
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

WILLIAM G. KALLENBERG SEC/TREAS

0002544