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FILED

Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08321** (4)
1. Corporation Name
MEDITERRANEAN VILLAS HOMOWNERS ASSOCIATION, INC.



Principal Place of Business 16691 FRONT BCH RD. 80 PANAMA CITY BCH FL 32413 US	Mailing Address 16691 FRONT BEACH ROAD 16691 W. HWY. 98-A PANAMA CITY BEACH FL 32413
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3. Date Incorporated or Qualified
03/22/1985

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

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. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KELLENBERG, JUNE G.
16691 FRONT BEACH ROAD
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D BENNETT, WILLIAM**
STREET ADDRESS **100 HUNTERS GLEN**
CITY-ST-ZIP **DOTHAN AL**

TITLE ☐ DELETE

NAME **STD KALLENBERG, JUNE**
STREET ADDRESS **16691 FRONT BEACH ROAD**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ DELETE

NAME **VD CAFFEY, T D**
STREET ADDRESS **104 TROTMAN CIR**
CITY-ST-ZIP **OZARK AL**

TITLE ☐ DELETE

NAME **D BENNETT, WILLIAM**
STREET ADDRESS **100 HUNTER GLEN**
CITY-ST-ZIP **DOTHAN AL**

TITLE ☐ DELETE

NAME **D KOSAN, ANDREW**
STREET ADDRESS **2401 STONE BRIDGE RD.**
CITY-ST-ZIP **DOTHAN AL**

TITLE ☐ DELETE

NAME **PD WEEKS, JAMES**
STREET ADDRESS **COUNTRY CLUB DR**
CITY-ST-ZIP **OPP AL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-98

Date

335-4253
Daytime Phone #

CR2E037 (10/97)