

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90094 043 \*\*\*\*61.25

DOCUMENT # N08321

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified.

03/22/1985

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

A  
KALLENBERG, JUNE G.  
16691 FRONT BEACH ROAD  
PANAMA CITY BEACH FL 32413

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS WEEKS, JAMES  
CITY-ST-ZIP COUNTRY CLUB DR  
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-29-99 850-235-4259

CR2E037 (11/98)