

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90018 039 ****61.25

DOCUMENT # N08321

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, WILLIAM	
STREET ADDRESS	100 HUNTERS GLEN	
CITY-ST-ZIP	DOTHAN AL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KALLENBERG, JUNE	
STREET ADDRESS	16691 FRONT BEACH ROAD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CAFFEY, T D	
STREET ADDRESS	104 TROTMAN CIR	
CITY-ST-ZIP	OZARK AL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, WILLIAM	
STREET ADDRESS	100 HUNTER GLEN	
CITY-ST-ZIP	DOTHAN AL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOSAN, ANDREW	
STREET ADDRESS	2401 STONE BRIDGE RD.	
CITY-ST-ZIP	DOTHAN AL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEEKS, JAMES	
STREET ADDRESS	COUNTRY CLUB DR	
CITY-ST-ZIP	OPP AL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Signature of Kellenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-5-01 850-255-4253

CR2E037 (10/00)