

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90302 050 ****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

130 Trotman Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ozark, Al.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

36360

Wale, Al.

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

Taylor D. Caffey

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

Taylor D. Caffey

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **CAFFEY, T D**
STREET ADDRESS **104 TROTMAN CIR** *ADDRESS chg*
CITY-ST-ZIP **OZARK AL** *130*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

Taylor D. Caffey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2002
Date

Daytime Phone #

CR2E037 (9/01)