

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90153 050 ****70.00

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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 130 TROTMAN CIR OZARK, AL 36360 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number NOT APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAFFEY, TAYLOR D 16691 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Taylor D Caffey</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 4-25-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENNETT, WILLIAM		NAME	<i>Bennett, William</i>	
STREET ADDRESS	100 HUNTERS GLEN		STREET ADDRESS	<i>90 Eye Center South</i>	
CITY-ST-ZIP	DOTHAN, AL		CITY-ST-ZIP	<i>2800 Ross Clark Circle</i>	
				<i>Dothan, Al. 36301</i>	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KALLENBERG, JUNE		NAME	<i>D Jemberlin, Charles</i>	
STREET ADDRESS	16691 FRONT BEACH ROAD		STREET ADDRESS	<i>P.O. Box 27</i>	
CITY-ST-ZIP	PANAMA CITY, FL		CITY-ST-ZIP	<i>Andalusia, Al. 36420</i>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAFFEY, T D		NAME	<i>Caffey, Taylor D.</i>	
STREET ADDRESS	130 TROTMAN CIR		STREET ADDRESS	<i>130 Trotman Cir</i>	
CITY-ST-ZIP	OZARK, AL		CITY-ST-ZIP	<i>Ozark, Al. 36360</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENNETT, WILLIAM		NAME	<i>Bennett, William</i>	
STREET ADDRESS	100 HUNTER GLEN		STREET ADDRESS	<i>90 Eye Center So</i>	
CITY-ST-ZIP	DOTHAN, AL		CITY-ST-ZIP	<i>2800 Ross Clark Cir.</i>	
				<i>Dothan, Al. 36301</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KOSAN, ANDREW		NAME	<i>D Kosan, Flo</i>	
STREET ADDRESS	2401 STONE BRIDGE RD.		STREET ADDRESS	<i>2401 Stonebridge Road</i>	
CITY-ST-ZIP	DOTHAN, AL		CITY-ST-ZIP	<i>Dothan, Al. 36301</i>	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEEKS, JAMES		NAME	<i>D Weeks, James</i>	
STREET ADDRESS	COUNTRY CLUB DR		STREET ADDRESS	<i>c/o Food Services Inc</i>	
CITY-ST-ZIP	OPP, AL		CITY-ST-ZIP	<i>P.O. Box 670</i>	
				<i>Opp, Alabama 36467</i>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <i>Taylor D Caffey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 4-25-05 DAYTIME PHONE #: (334) 774-8483	