

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 01, 2006 8:00 am
Secretary of State

08-01-2006 90002 016 ****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

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

2nd MOORE

CR2E037 (4/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: V
NAME: BENNET, WILLIAM
STREET ADDRESS: 2800 ROSS CLARK CIRCLE
CITY-ST-ZIP: DOTHAN AL 36301 ☐ Delete

TITLE: D
NAME: TOMBERLIN, CHARLES
STREET ADDRESS: P O BOX 27
CITY-ST-ZIP: ANDALUSIA AL 36420 ☐ Delete

TITLE: P
NAME: CAFFEY, T D
STREET ADDRESS: 130 TROTMAN CIRCLE
CITY-ST-ZIP: OZARK AL 36360 ☐ Delete

TITLE: D
NAME: KOSAN, FLO
STREET ADDRESS: 2401 STONEBRIDGE ROAD
CITY-ST-ZIP: DOTHAN AL 36301 ☐ Delete

TITLE: D
NAME: WEEKS, JAMES
STREET ADDRESS: C/O FOOD SERVICES INC, P O BOX 670
CITY-ST-ZIP: DOTHAN AL 36301 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.

SIGNATURE:

Taylor D Caffey TAYLOR D CAFFEY

7/26/06 3347748137