


FILED  
May 15, 2007 8:00 am  
Secretary of State

04-18-2007 90177 043 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N08321</b>		
1. Entity Name <b>MEDITERRANEAN VILLAS HOMOWNERS ASSOCIATION, INC.</b>		
Principal Place of Business <b>16691 FRONT BCH RD. 80 PANAMA CITY BCH, FL 32413 US</b>		Mailing Address <b>130 TROTMAN CIR OZARK, AL 36360 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		04062007 No Chg-NP CR2E037 (4/06)
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent		
<b>T.D. CAFFEY</b> <b>16691 FRONT BEACH ROAD</b> <b>PANAMA CITY BEACH, FL. 32413</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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: <u>Taylor D. Caffey</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>		DATE: <u>4/6/07</u>
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BENNET, WILLIAM 2800 ROSS CLARK CIRCLE DOTHAN, AL 36301	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOMBERLIN, CHARLES P O BOX 27 ANDALUSIA, AL 36420	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAFFEY, T D 130 TROTMAN CIRCLE OZARK, AL 36360	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOSAN, FLO 2401 STONEBRIDGE ROAD DOTHAN, AL 36301	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEEKS, JAMES C/O FOOD SERVICES INC, P O BOX 670 DOTHAN, AL 36301	
TITLE NAME 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 all other like empowered.		
SIGNATURE: <u>Taylor D. Caffey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>4/6/07</u> 334-774-8137 <small>Office Daytime Phone #</small>