

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08321

FILED  
May 17, 2009  
Secretary of State

**Entity Name:** MEDITERRANEAN VILLAS HOMOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

16691 FRONT BCH RD.  
80  
PANAMA CITY BCH, FL 32413 US

**New Principal Place of Business:**

16691 FRONT BCH RD.  
PANAMA CITY BCH, FL 32413 US

**Current Mailing Address:**

130 TROTMAN CIR  
OZARK, AL 36360 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CAFFEY, TAYLOR D  
16691 FRONT BEACH ROAD  
PANAMA CITY BEACH, FL 32413 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: BENNET, WILLIAM  
Address: 2800 ROSS CLARK CIRCLE  
City-St-Zip: DOTHAN, AL 36301

Title: D ( ) Delete  
Name: TOMBERLIN, CHARLES  
Address: P O BOX 27  
City-St-Zip: ANDALUSIA, AL 36420

Title: P ( ) Delete  
Name: CAFFEY, T D  
Address: 130 TROTMAN CIRCLE  
City-St-Zip: OZARK, AL 36360

Title: D ( ) Delete  
Name: KOSAN, FLO  
Address: 2401 STONEBRIDGE ROAD  
City-St-Zip: DOTHAN, AL 36301

Title: D ( ) Delete  
Name: WEEKS, JAMES  
Address: C/O FOOD SERVICES INC, P O BOX 670  
City-St-Zip: DOTHAN, AL 36301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WEEKS, JAMES  
Address: C/O FOOD SERVICES INC, P O BOX 670  
City-St-Zip: OPP, AL 36467

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL M. CAFFEY

MRS.

05/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date