2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007066

Entity Name: CALABRIA AT MEDITERRA CONDOMINIUM ASSOCIATION, INC.

FILED Apr 06, 2021 Secretary of State 9414029267CC

Current Principal Place of Business:

C/O COMPASS ROSE MANAGEMENT 1010 N E 9TH STREET CAPE CORAL, FL 33909

Current Mailing Address:

C/O COMPASS ROSE MANAGEMENT 1010 N E 9TH STREET CAPE CORAL, FL 33909 US

FEI Number: 26-0675063 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMPASS ROSE MANAGEMENT C/O COMPASS ROSE MANAGEMENT 1010 N E 9TH STREET CAPE CORAL, FL 33909 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: ANASTASIOS TRICAS 04/06/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VP Title DIRECTOR

Name MCKINNEY, DENISE Name MUSSELMAN, GARY

Address C/O COMPASS ROSE MANAGEMENT Address C/O COMPASS ROSE MANAGEMENT

1010 N E 9TH STREET 1010 N E 9TH STREET

City-State-Zip: CAPE CORAL FL 33909 City-State-Zip: CAPE CORAL FL 33909

TitlePRESIDENTTitleTREASURERNameSUMMERS, BILLNameKASPER, DAVE

Address C/O COMPASS ROSE MANAGEMENT Address C/O COMPASS ROSE MANAGEMENT

1010 N E 9TH STREET

CAPE CORAL FL 33909

City-State-Zip: CAPE CORAL FL 33909

Title SECRETARY

City-State-Zip:

Name LUPKE, CHARLENE

Address C/O COMPASS ROSE MANAGEMENT

1010 N E 9TH STREET

City-State-Zip: CAPE CORAL FL 33909

I hereby 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 all other like empowered.

SIGNATURE: BILL SUMMERS PRESIDENT 04/06/2021