


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 738705 (3)**  
1. Corporation Name  
**MADEIRA NORTE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>13030 GULFBLVD MADEIRA BEACH FL 33708 US</b>	Mailing Address <b>13000 GULF BLVD. MADEIRA BEACH FL 33708 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>04/15/1977</b>
4. FEI Number <b>59-1780207</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>MOORE, DOREEN TOTAL REALTY SERVICES INC 13030 GULF BLVD MADEIRA BEACH FL 33708</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S KIVLIN, AL</b>
STREET ADDRESS	<b>231 LAKE ROAD</b>
CITY-ST-ZIP	<b>BOZRAH CT</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P LEVES, FRANK</b>
STREET ADDRESS	<b>19000 GULF BLVD. APT 109</b>
CITY-ST-ZIP	<b>MADEIRA BEACH FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>O OCHLAN, JOHN</b>
STREET ADDRESS	<b>63 OVERDALE AVENUE</b>
CITY-ST-ZIP	<b>HAMILTON ON</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D MILLER, KAREN C.</b>
STREET ADDRESS	<b>13000 GULF BLVD #310</b>
CITY-ST-ZIP	<b>MADEIRA BCH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D MORRISON, ROBERTA</b>
STREET ADDRESS	<b>13000 GULF BLVD #409</b>
CITY-ST-ZIP	<b>MADEIRA BEACH FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D ROSART, JOE</b>
STREET ADDRESS	<b>RR 2 946 5TH CONCESSION</b>
CITY-ST-ZIP	<b>WATERDOWN ON</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>D Kivlin, Al</b>
1.3 STREET ADDRESS	<b>231 LAKE ROAD</b>
1.4 CITY-ST-ZIP	<b>BOZRAH, CT. 06334</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>P Williamson, Bill</b>
2.3 STREET ADDRESS	<b>13000 GULF BLVD #306</b>
2.4 CITY-ST-ZIP	<b>MADEIRA BEACH, FL 33708</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>T Mousley, Warren</b>
3.3 STREET ADDRESS	<b>69 Mayfair Avenue</b>
3.4 CITY-ST-ZIP	<b>DUNDAS, ONTARIO L9H 3L2</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>SD Tidwell, Beverly</b>
4.3 STREET ADDRESS	<b>333 W. Comanche Avenue</b>
4.4 CITY-ST-ZIP	<b>TAMPA, FL 33604</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D Dempsey, AL</b>
5.3 STREET ADDRESS	<b>154 Rutherford Ave.</b>
5.4 CITY-ST-ZIP	<b>Aylmer, ONTARIO N5H 2W6</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>V P Wachner, Dale</b>
6.3 STREET ADDRESS	<b>13000 GULF BLVD #112</b>
6.4 CITY-ST-ZIP	<b>MADEIRA BEACH, FL 33708</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *W. M. Williamson* President 4/16/98 813 293-1011

CR2E037 (10/97)