

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751552

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90092 046 ****61.25

1. Entity Name

MADEIRA SOL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

13195 GULF LN
 MADEIRA BCH FL 33708
 US

Mailing Address

6405 RIVER BLVD
 TAMPA FL 33604-6021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRAY, POLAIRE
6405 RIVER BLVD.
TAMPA FL 33604

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-00

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAGEN, ROBERT	
STREET ADDRESS	13195 GULF LANE APT 202	
CITY-ST-ZIP	MADEIRA BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CLARKE, FRANK	
STREET ADDRESS	13195 GULF LANE APT 502	
CITY-ST-ZIP	MADEIRA BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MURRAY, POLAIRE	
STREET ADDRESS	6405 RIVER BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PETERSON, JOYCE	
STREET ADDRESS	13195 GULF LN APT 402	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	WILLIAM HAGEN	
STREET ADDRESS	13195 GULF LANE APT 302	
CITY-ST-ZIP	MADEIRA BEACH, FL 33708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Polairé D. Murray
 POLAIRE D. MURRAY
 1-17-00 (813) 875-404