

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90220 012 ****61.25

DOCUMENT # 751552

1. Entity Name

MADEIRA SOL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13195 GULF LN
 MADEIRA BCH FL 33708
 US

6405 RIVER BLVD
 TAMPA FL 33604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

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 NAME Delete
PD HAGEN, ROBERT
 STREET ADDRESS **13195 GULF LANE APT 202**
 CITY-ST-ZIP **MADEIRA BEACH FL**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP **33708**

TITLE NAME Delete
VD HAGAN, WILLIAM
 STREET ADDRESS **13195 GULF LANE, APT 302**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33708**

TITLE NAME Change Addition
VD HAGAN, SANDRA
 STREET ADDRESS **13195 GULF LANE # 302**
 CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE NAME Delete
TD MURRAY, POLAIRE
 STREET ADDRESS **6405 RIVER BLVD**
 CITY-ST-ZIP **TAMPA FL**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
SD PETERSON, JOYCE
 STREET ADDRESS **13195 GULF LN APT 402**
 CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 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:

Polairé Murray **RECORDED POLAIRE D. MURRAY 3-9-01 875-4040** (813)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

C-316