

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90068 020 \*\*\*\*70.00

**DOCUMENT # 751552**

1. Entity Name

**MADEIRA SOL CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

13195 GULF LN  
 MADEIRA BCH FL 33708

6405 RIVER BLVD  
 TAMPA FL 33604

2. Principal Place of Business

3. Mailing Address

13195 Gulf Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 Madeira Beach, FL

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

**Murray, Polaire**

Street Address (P.O. Box Number is Not Acceptable)

13195 Gulf Ln

#102

City

Madeira Beach

**FL**

Zip Code

33708

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: *Polaire Murray* **Polaire D. Murray, President/Treasurer** 4/15/02

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: **PD**  Delete  
 NAME: **HAGEN, ROBERT**  
 STREET ADDRESS: **13195 GULF LANE APT 202**  
 CITY-ST-ZIP: **SAINT PETERSBURG FL 33708**

TITLE: **Director**  Change  Addition

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

TITLE:  Change  Addition

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

TITLE: **President/Treasurer/Director**  Change  Addition  
 NAME: **Murray, Polaire**  
 STREET ADDRESS: **13195 Gulf Ln #102**  
 CITY-ST-ZIP: **Madeira Beach, FL 33708**

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

TITLE: **Director**  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE: **Secretary**  Change  Addition  
 NAME: **Rose Hagen**  
 STREET ADDRESS: **13195 Gulf Ln #202**  
 CITY-ST-ZIP: **Madeira Beach, FL 33708**

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition

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: *Polaire Murray* **Polaire D. Murray, President** 4/15/02 (813) 875-4040 X203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

039730

CR2E037 (9/01)