


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90204 030 \*\*\*\*61.25

<b>DOCUMENT # 751552</b>	
1. Entity Name MADEIRA SOL CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1110 S PINELLAS BAY WAY 207 TIERRA VERDE, FL 33715 US	Mailing Address 1110 S PINELLAS BAY WAY 207 TIERRA VERDE, FL 33715 US
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04242006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0671644	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ROUANZION, SUSAN  
 1110 S PINELLAS BAY WAY  
 207  
 TIERRA VERDE, FL 33715

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALCZEWSKI, ELAINE 1110 S PINELLAS BAY WAY #207 TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YORK, MIKE 1110 S PINELLAS BAY WAY #207 TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HAGEN, SANDY 1110 S PINELLAS BAY WAY #207 TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ELLER, KEVIN 1110 S PINELLAS BAY WAY #207 TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARKE, FRANK 1110 S PINELLAS BAY WAY #207 TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **ELAINE WALCZEWSKI** 4/24/06 727.367.5270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #