

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State


03-21-2007 90027 037 ****61.25

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DOCUMENT # N06000002265

1. Entity Name
SKYLINE OF MADEIRA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**14503 GULF BOULEVARD
 MADEIRA BEACH, FL 33708**

Mailing Address
**14503 GULF BOULEVARD
 MADEIRA BEACH, FL 33708**

2. Principal Place of Business - No P.O. Box #
13999 Gulf Blvd

3. Mailing Address
13999 Gulf Blvd

Suite, Apt. #, etc.

City & State
Madeira Beach, FL

City & State
Madeira Beach, FL

Zip
33708

Country
USA

03192007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-5683184

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOFSTRA, PETER T
 8640 SEMINOLE BLVD.
 SEMINOLE, FL**

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE President	NAME C. Dennis Markley	TITLE Director	NAME Harry Bush
STREET ADDRESS 119 Shoals Cr.	STREET ADDRESS Ni Redington Beach, FL 33708	STREET ADDRESS 3533 Castlegate Wynd	STREET ADDRESS Lexington, KY 40502
CITY-ST-ZIP FL 33708	CITY-ST-ZIP FL 33708	CITY-ST-ZIP	CITY-ST-ZIP
TITLE Vice-President	NAME Carl B. White	TITLE	NAME
STREET ADDRESS 19520 Gulf Blvd #701	STREET ADDRESS Endran Shores R 33785	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP FL 33785	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE Secretary/Treasurer	NAME KRIS GAWRON	TITLE	NAME
STREET ADDRESS 13999 Gulf Blvd	STREET ADDRESS Madeira Beach, FL 33708	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP FL 33708	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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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  3/19/07