

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 20, 2009  
Secretary of State**

DOCUMENT# N06000002265

Entity Name: SKYLINE OF MADEIRA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

13999 GULF BOULEVARD  
MADEIRA BEACH, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

13999 GULF BOULEVARD  
MADEIRA BEACH, FL 33708

**New Mailing Address:**

FEI Number: 20-5683184      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARKLEY, DENNIS  
8640 SEMINOLE BLVD.  
SEMINOLE, FL                      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P                      ( ) Delete  
Name: MARKLEY, C DENNIS  
Address: 119 SHOALS CR  
City-St-Zip: N REDINGTON BEACH, FL 33708

Title: VP                      ( ) Delete  
Name: WHITE, CARL B  
Address: 19520 GULF BLVD #701  
City-St-Zip: INDIAN SHORES, FL 33785

Title: D                      ( ) Delete  
Name: BUSH, HARRY  
Address: 3533 CASTLEGATE WYND  
City-St-Zip: LEXINGTON, KY 40502

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS MARKLEY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

03/20/2009

\_\_\_\_\_  
Date