FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -7 AM 11:05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 721826 (6)

1. Corporation Name

MADERIA VILLA NORTH ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2820 OCEAN SHORE BLVD. [redacted] ORMOND BEACH FL 32176	2820 OCEAN SHORE BLVD. UNIT 20 ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1971
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1428612 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 3049
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Ormond Beach, FL
Zip / Country 24 / 25	Zip / Country 29 32175 / 30 Volusia

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOUGEN, GREG
2820 OCEAN SHORE BLVD. #20
ORMOND BEACH, FL
32174

10. Name and Address of New Registered Agent

81 Name: Susan Spaulding
82 Street Address (P.O. Box Number is Not Acceptable):
83: 55 Longwood Dr.
84 City: Ormond Beach FL 85 Zip Code: 32174

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Susan Spaulding — Susan Spaulding — 3-31-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required wherever stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	LONG, ROBERT	1.2 NAME		
STREET ADDRESS	1735 WAYCROSS CR	1.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	GUSTAFSON, BARBARA	2.2 NAME	EARLE CLARK	
STREET ADDRESS	2820 OCEAN SHORE DR 5	2.3 STREET ADDRESS	2820 OCEAN SHORE #31	
CITY-ST-ZIP	ORMOND BCH, FL ~~00000~~ 32176	2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	P	3.1 TITLE		☐ Change ☐ Addition
NAME	HERR, MARK	3.2 NAME		
STREET ADDRESS	2820 OCEAN SHORE #4	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH, FL ~~00000~~ 32176	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	ACORD, VIRGINA	4.2 NAME		
STREET ADDRESS	2820 OCEAN SHORE BL #9	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH, FL ~~00000~~ 32176	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHILLING, PAUL	5.2 NAME		
STREET ADDRESS	2820 OCEAN SHORE #7	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH, FL ~~00000~~ 32176	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	KEASEY, LESTER	6.2 NAME		
STREET ADDRESS	BOX 1821	6.3 STREET ADDRESS		
CITY-ST-ZIP	BOONE NC	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Earle J Clark — 3-31-95 — 904-441-7807
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
Earle Clark V.P.

0024301