

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **738705** (3)
1. Corporation Name
MADEIRA NORTE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
13000 GULF BLVD.
MADEIRA BEACH FL 33708

3. Date Incorporated or Qualified **04/15/1977** 3a. Date of Last Report **03/09/1995**

2. Principal Place of Business 2a. Mailing Address
21 **13030 GULF BLVD** 26 **13030 GULF BLVD**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **MADEIRA BCH, FL** 27 **MADEIRA BCH, FL**
City & State City & State
23 **33708** 28 **33708**
Zip Country Zip Country
24 **33708** 25 **33708** 29 **33708** 30 **33708**

4. FEI Number **59-1780207** Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMSON, WILLIAM
13000 GULF BLVD. APT. 306
MADEIRA BEACH FL 33708

10. Name and Address of New Registered Agent

81 Name **Doreen Moore**
82 Street Address (P.O. Box Number is Not Acceptable) **TOTAL REALTY SERVICES, INC.**
83 **13030 GULF BLVD.**
84 City **MADEIRA BEACH** FL 85 Zip Code **33708**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Doreen Moore**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, A.H.	
STREET ADDRESS	26750 US HWY N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEVES, FRANK	
STREET ADDRESS	13000 GULF BLVD. APT 109	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	FERLITA, WILLIAM J	
STREET ADDRESS	3108 HAWTHORNE RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	DP DIRECTOR	<input type="checkbox"/> DELETE
NAME	MILLER, KAREN C.	
STREET ADDRESS	13000 GULF BLVD #310	
CITY-ST-ZIP	MADEIRA BCH FL	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	ROBERTA MORRISON	
STREET ADDRESS	13000 GULF BLVD. #409	
CITY-ST-ZIP	MADEIRA BEACH, FL 33708	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	JOE ROBERT	
STREET ADDRESS	RE 2, 946 5th CONCESSION	
CITY-ST-ZIP	WATERDOWN, ONTARIO LOR 2H0	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	AI KIVLIN	
1.3 STREET ADDRESS	231 LAKE RD.	
1.4 CITY-ST-ZIP	BOZRAH, CT 06334	
2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WARREN MOUSLEY	
2.3 STREET ADDRESS	69 MAYFAIR AVE.	
2.4 CITY-ST-ZIP	DUNDAS, ONTARIO L9H 3L2	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN COCHRAN	
3.3 STREET ADDRESS	63 OVERDALE AVE.	
3.4 CITY-ST-ZIP	HAMILTON, ONTARIO L9J 1C3	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AI DEMPSEY	
4.3 STREET ADDRESS	154 RUTHERFORD AVE.	
4.4 CITY-ST-ZIP	AYLMER, ONTARIO N5H 2W6	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BILL WILLIAMSON	
5.3 STREET ADDRESS	13000 GULF BLVD. #306	
5.4 CITY-ST-ZIP	MADEIRA BEACH, FL 33708	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DANIEL FERNANDEZ	
6.3 STREET ADDRESS	4315 RIVERVIEW AVE.	
6.4 CITY-ST-ZIP	TAMPA, FL 33607	

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 72 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **Frank Williams**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)