

FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738705** (3)
1. Corporation Name
MADEIRA NORTE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 13030 GULFBVLD MADEIRA BEACH FL 33708 US	Mailing Address 13000 GULF BLVD. MADEIRA BEACH FL 33708-2639 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/15/1977		3a. Date of Last Report 04/18/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1780207		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MOORE, DOREEN TOTAL REALTY SERVICES INC 13030 GULF BLVD MADEIRA BEACH FL 33708				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code			

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input type="checkbox"/> DELETE	1.1 TITLE	TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	KVLIN, AL		1.2 NAME	WARREN MOUSKY			
STREET ADDRESS	231 LAKE ROAD		1.3 STREET ADDRESS	69 MAYFAIR AVE			
CITY-ST-ZIP	BOZRAH CT		1.4 CITY-ST-ZIP	PUNAS, ONTARIO L9H 3L2 CANADA			
TITLE	10 PRESIDENT	<input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	LEVES, FRANK		2.2 NAME	AL DEMPSEY			
STREET ADDRESS	13000 GULF BLVD. APT 109		2.3 STREET ADDRESS	154 RUTHERFORD AVENUE			
CITY-ST-ZIP	MADEIRA BEACH FL 33708		2.4 CITY-ST-ZIP	AYLMER, ONTARIO N5H 2W6 CANADA			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	COCHRAN, JOHN		3.2 NAME	Bill Williamson			
STREET ADDRESS	63 OVERDALE AVENUE		3.3 STREET ADDRESS	13000 GULF BLVD. (306)			
CITY-ST-ZIP	HAMILTON ON		3.4 CITY-ST-ZIP	MADEIRA BCH FL 33708			
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MILLER, KAREN C.		4.2 NAME				
STREET ADDRESS	13000 GULF BLVD #310		4.3 STREET ADDRESS				
CITY-ST-ZIP	MADEIRA BCH FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MORRISON, ROBERTA		5.2 NAME				
STREET ADDRESS	13000 GULF BLVD #409		5.3 STREET ADDRESS				
CITY-ST-ZIP	MADEIRA BEACH FL		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROSART, JOE		6.2 NAME				
STREET ADDRESS	RR 2 946 5TH CONCESSION		6.3 STREET ADDRESS				
CITY-ST-ZIP	WATERDOWN ON		6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

W. M. Williamson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97

Date

Daytime Phone # 0050463

CR2E037 (9/96)