

FILE NOW: FILING FEE IS \$61.25

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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **721826** (6)

1. Corporation Name

MADERIA VILLA NORTH ASSOCIATION, INC.



Principal Place of Business 2820 OCEAN SHORE BLVD ORMOND BEACH FL 32176 US		Mailing Address P O BOX 3042 ORMOND BEACH FL 32175 US		3. Date Incorporated or Qualified 10/04/1971	
				4. FEI Number 59-1428612	
				Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	
9. Name and Address of Current Registered Agent SPAULDING, SUSAN 55 LONGWOOD DR ORMOND BEACH, FL ORMOND BEACH FL 32176				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 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	VPD	1.1 TITLE	VPD
NAME	CLARK, EARLE	1.2 NAME	William Morra
STREET ADDRESS	2820 OCEAN SHORE #31	1.3 STREET ADDRESS	2820 Ocean Shore Blvd #18
CITY-ST-ZIP	ORMOND BCH, FL 00000	1.4 CITY-ST-ZIP	Ormond Bch, FL 32176
TITLE	PD	2.1 TITLE	SD
NAME	HERR, MARK	2.2 NAME	Bert Meyers
STREET ADDRESS	2820 OCEAN SHORE #4	2.3 STREET ADDRESS	2820 Ocean Shore Blvd #24
CITY-ST-ZIP	ORMOND BCH, FL 00000	2.4 CITY-ST-ZIP	Ormond Bch, FL 32176
TITLE	SD	3.1 TITLE	TD
NAME	ACORD, VIRGINA	3.2 NAME	Edward Rahn
STREET ADDRESS	2820 OCEAN SHORE BL #9	3.3 STREET ADDRESS	48-19 192nd St.
CITY-ST-ZIP	ORMOND BCH, FL 00000	3.4 CITY-ST-ZIP	Fresh Meadow, NY 11365
TITLE	D	4.1 TITLE	PD
NAME	SCHILLING, PAUL	4.2 NAME	
STREET ADDRESS	2820 OCEAN SHORE #7	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	KEASEY, LESTER	5.2 NAME	
STREET ADDRESS	2820 OCEAN SHORE #26	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Lester D. Keasey Lester Keasey 3-9-98 904 441 6726

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