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Apr 27 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 # 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 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/15/1977
4. FEI Number 59-1780207
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent MOORE, DOREEN TOTAL REALTY SERVICES INC 13030 GULF BLVD MADEIRA BEACH FL 33708
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	S KIVLIN, AL
STREET ADDRESS	231 LAKE ROAD
CITY-ST-ZIP	BOZRAH CT
TITLE	☐ DELETE
NAME	P LEVES, FRANK
STREET ADDRESS	19000 GULF BLVD. APT 109
CITY-ST-ZIP	MADEIRA BEACH FL
TITLE	☒ DELETE
NAME	O OCHLAN, JOHN
STREET ADDRESS	63 OVERDALE AVENUE
CITY-ST-ZIP	HAMILTON ON
TITLE	☐ DELETE
NAME	D MILLER, KAREN C.
STREET ADDRESS	13000 GULF BLVD #310
CITY-ST-ZIP	MADEIRA BCH FL
TITLE	☐ DELETE
NAME	D MORRISON, ROBERTA
STREET ADDRESS	13000 GULF BLVD #409
CITY-ST-ZIP	MADEIRA BEACH FL
TITLE	☒ DELETE
NAME	D ROSART, JOE
STREET ADDRESS	RR 2 946 5TH CONCESSION
CITY-ST-ZIP	WATERDOWN ON

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	D Kivlin, Al
1.3 STREET ADDRESS	231 LAKE ROAD
1.4 CITY-ST-ZIP	BOZRAH, CT. 06334
2.1 TITLE	☒ Change ☒ Addition
2.2 NAME	P Williamson, Bill
2.3 STREET ADDRESS	13000 GULF BLVD #306
2.4 CITY-ST-ZIP	MADEIRA BEACH, FL 33708
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	Mousley, Warren
3.3 STREET ADDRESS	69 Mayfair Avenue
3.4 CITY-ST-ZIP	DUNDAS, ONTARIO L9H 3L2
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	SD Tidwell, Beverly
4.3 STREET ADDRESS	333 W. Comanche Avenue
4.4 CITY-ST-ZIP	TAMPA, FL 33604
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	D Dempsey, AL
5.3 STREET ADDRESS	154 Rutherford Ave.
5.4 CITY-ST-ZIP	Aylmer, ONTARIO N5H 2W6
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	VP Wachner, Dale
6.3 STREET ADDRESS	13000 GULF BLVD #112
6.4 CITY-ST-ZIP	MADEIRA BEACH, FL 33708

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: *W. M. Williamson* (W. M. Williamson) President 4/16/98 813 293-1011

CR2E037 (10/97)