

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90093 042 \*\*\*\*61.25

**DOCUMENT # 721826**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/04/1971

4. FEI Number

59-1428612

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

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

TITLE VPD  
NAME MORAN, WILLIAM  
STREET ADDRESS 2820 OCEAN SHORE BLVD, #18  
CITY-ST-ZIP ORMOND BCH, FL 00000 32176

☒ DELETE

TITLE SD  
NAME MEYERS, BERT  
STREET ADDRESS 2820 OCEANSHORE BLVD #24  
CITY-ST-ZIP ORMOND BCH, FL 00000 32176

☐ DELETE

TITLE TD  
NAME RAHN, EDWARD  
STREET ADDRESS 48-19 192ND ST  
CITY-ST-ZIP FRESH MEADOW NY 11365

☐ DELETE

TITLE PD  
NAME SCHILLING, PAUL  
STREET ADDRESS 2820 OCEAN SHORE #7  
CITY-ST-ZIP ORMOND BCH, FL 00000

☐ DELETE

TITLE D  
NAME KEASEY, LESTER  
STREET ADDRESS 2820 OCEAN SHORE #26  
CITY-ST-ZIP ORMOND BCH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD  
1.2 NAME Barbara Gustafson  
1.3 STREET ADDRESS 2820 Ocean Shore Blvd #5  
1.4 CITY-ST-ZIP Ormond Bch., FL 32176

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Paul Schilling*  
President

Date

Daytime Phone #

4-8-99 904-441-6726