

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721826

1. Entity Name

MADERIA VILLA NORTH ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2820 OCEAN SHORE BLVD  
ORMOND BEACH FL 32176  
US

~~P.O. BOX 3042~~  
~~ORMOND BEACH FL 32175-3042~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

55 Longwood Dr.  
Ormond Beach  
Fl. 32176  
32176

4. FEI Number

59-1428612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPAULDING, SUSAN  
55 LONGWOOD DR  
ORMOND BEACH, FL  
ORMOND BEACH FL 32176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD  
NAME GUSTAFSON, BARBARA  
STREET ADDRESS 2820 OCEAN SHORE BLVD, #18  
CITY-ST-ZIP ORMOND BEACH FL 32176 ☐ Delete

TITLE SD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

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

TITLE VP  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bert Meyers  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 09, 2000 8:00 am  
Secretary of State

02-09-2000 90359 036 \*\*\*\*61.25

00016065



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)