

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91429 029 \*\*\*\*61.25

**DOCUMENT # 753762**

1. Entity Name.

**MADEIRA BEACH YACHT CLUB CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

210 MEDALLION BLVD.  
 MADEIRA BEACH FL 33708

210 MEDALLION BLVD.  
 MADEIRA BEACH FL 33708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State.

City & State

Zip.

Country

Zip

Country

4. FEI Number **59-2049116**

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

**BRUDNY & RABIN**  
**28100 US HWY 19 N**  
**STE 300**  
**CLEARWATER FL 33761**

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 NAME ☒ Delete  
**D. MC CLAFIN, JOANNE**  
 STREET ADDRESS **259-D MEDDALLION BLVD.**  
 CITY-ST-ZIP **MADEIRA BEACH FL**

TITLE NAME ☐ Change ☒ Addition  
**D.T. JACKIE BAKER, JACKIE**  
 STREET ADDRESS **317 A REX PLACE**  
 CITY-ST-ZIP **MADEIRA BEACH, FL 33708**

TITLE NAME ☒ Delete  
**S YONTECK, FRED**  
 STREET ADDRESS **2831 LANDOVER DR**  
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE NAME ☐ Change ☒ Addition  
**S LEONARDO, BARBARA**  
 STREET ADDRESS **8326 17TH WAY NORTH**  
 CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

TITLE NAME ☐ Delete  
**V LEMAY, RALPH**  
 STREET ADDRESS **230-E MEDALLION BLVD**  
 CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE NAME ☐ Change ☐ Addition  
**D.P.**

TITLE NAME ☒ Delete  
**P PHILIPPI, ROBERT**  
 STREET ADDRESS **329-F MEDALLION BLVD.**  
 CITY-ST-ZIP **MADEIRA BEACH FL**

TITLE NAME ☐ Change ☒ Addition  
**D ROBERTS, ANITA**  
 STREET ADDRESS **359D MEDALLION BLVD**  
 CITY-ST-ZIP **MADEIRA BEACH, FL 33708**

TITLE NAME ☐ Delete  
**D PARKER, CHARLES**  
 STREET ADDRESS **260-F MEDALLION BLVD**  
 CITY-ST-ZIP **MADERIA BEACH FL 33708**

TITLE NAME ☐ Change ☐ Addition  
**D.V.**

TITLE NAME ☒ Delete  
**DT ALLANSON, WELFORD**  
 STREET ADDRESS **215-A MEDALLION BLVD.**  
 CITY-ST-ZIP **MADERIA BEACH FL 33708**

TITLE NAME ☐ Change ☒ Addition  
**D NOREN, REES**  
 STREET ADDRESS **363A MEDALLION BLVD**  
 CITY-ST-ZIP **MADEIRA BEACH, FL 33708**

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: **X SIGNATURE REQUIRED JACKIE BAKER** (727) 393-0778  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/29/02 Daytime Phone #

CR2E037 (9/01)