

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721826

1. Entity Name

MADEIRA VILLA NORTH ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2820 OCEAN SHORE BLVD
ORMOND BEACH FL 32176
US

55 LONGWOOD DR
ORMOND BEACH FL 32176
US

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

59-1428612

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 32176

Name
AIA TAX + Bookkeeping
Street Address (P.O. Box Number is Not Acceptable)
55 Longwood Dr.
City
Ormond Beach FL Zip Code
32176

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 **Sherry Ellis**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-02

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

TITLE
NAME **D SHANK, ELLEN** ☐ Change ☒ Addition
STREET ADDRESS **104 W RIVIERA DR**
CITY-ST-ZIP **LINDENHURST, NY 11757-4714**

TITLE
NAME **VP MEYERS, BERT** ☐ Delete
STREET ADDRESS **2820 OCEANSHORE BLVD #24**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE
NAME **D HERMAN, VIOLET** ☐ Change ☒ Addition
STREET ADDRESS **9640 W FERNDAL**
CITY-ST-ZIP **MANITOU BCH, MI 49253**

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

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

TITLE
NAME **PD SCHILLING, PAUL** ☐ Delete
STREET ADDRESS **2820 OCEAN SHORE #7**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

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

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:

SIGNATURE REQUIRED

3-27-02

386-441-6726



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)