

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY -3 PM 6:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 721826

1. Entity Name  
MADEIRA VILLA NORTH ASSOCIATION, INC.



Principal Place of Business  
2820 OCEAN SHORE BLVD  
ORMOND BEACH, FL 32176 US

Mailing Address  
55 LONGWOOD DR  
ORMOND BEACH, FL 32176 US

DO NOT WRITE IN THIS SPACE



04052004 No Chg-NP CR2E037 (10/03) 04

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

AIA TAX & BOOKKEEPING  
55 LONGWOOD DR  
ORMOND BEACH, FL 32176

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

100035727721  
05/06/04--01081--002 \*\*61.25

10. OFFICERS AND DIRECTORS

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

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

TITLE TD  
NAME HORNICK, FRANK  
STREET ADDRESS 9027 CLASSIC CT  
CITY-ST-ZIP ORLANDO, FL 32819

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

TITLE D  
NAME SHANK, ELLEN  
STREET ADDRESS 104 W RIVIERA DR  
CITY-ST-ZIP LINDENHURST, NY 117574714

TITLE D  
NAME HERMAN, VIOLET  
STREET ADDRESS 9640 W FERNDAL  
CITY-ST-ZIP MANITOU BEACH, MI 49253

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-04

4-27-04