

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90320 029 \*\*\*\*61.25

<b>DOCUMENT # 721826</b> 1. Entity Name <b>MADEIRA VILLA NORTH ASSOCIATION, INC.</b>					
Principal Place of Business <b>2820 OCEAN SHORE BLVD</b> <b>ORMOND BEACH, FL 32176 US</b>				Mailing Address <b>55 LONGWOOD DR</b> <b>ORMOND BEACH, FL 32176 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address <b>P.O. Box 291844</b> Suite, Apt. #, etc.	
City & State <b>PORT ORANGE, FL</b>				4. FEI Number <b>59-1428612</b>	
Zip <b>32129</b>				Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>AIA TAX &amp; BOOKKEEPING</b> <b>55 LONGWOOD DR</b> <b>ORMOND BEACH, FL 32176</b>				7. Name and Address of New Registered Agent Name <b>SUSAN GLAD BOOKKEEPING, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>157 BRANDY HILLS DR</b> City <b>PORT ORANGE</b> <b>FL</b> Zip Code <b>32129</b>	
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 <u><i>Susan Glad</i></u> <b>SUSAN GLAD bookkeeper/appt 4-14-2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUSTAFSON, BARBARA 2820 OCEAN SHORE BLVD, #18 ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELEHER, MICHAEL 1586 CRABAPPLE COVE CT NORTH JACKSONVILLE, FL 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEYERS, BERT 2820 OCEANSHORE BLVD #24 ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURPHY BARBARA 2820 OCEAN SHORE BLVD #24 ORMOND BEACH, FL 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HORNICK, FRANK 9027 CLASSIC CT ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEWELL, SYBIL & JEFFREY 2820 OCEAN SHORE #28 ORMOND BEACH, FL 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHILLING, PAUL 2820 OCEAN SHORE #7 ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHILLING, PAUL 2820 OCEAN SHORE #7 ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANK, ELLEN 104 W RIVIERA DR LINDENHURST, NY 117574714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSTEDT, JOHN 2820 OCEAN SHORE #1 ORMOND BEACH, FL 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, VIOLET 9640 W FERNDAL MANITOU BEACH, MI 49253	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KERR, SUSAN PO BOX 391202 SNELLVILLE, GA 30039	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u><i>Barbara J. Murphy</i></u> <b>Barbara J. Murphy 4-14-2005 386-763-5088</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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