# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 09, 2006 8:00 am**
**Secretary of State**
05-01-2006 90408 032 ****61.25

DOCUMENT # 721826

1. Entity Name
MADEIRA VILLA NORTH ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2820 OCEAN SHORE BLVD<br>ORMOND BEACH, FL 32176 US | P O BOX 291844<br>PORT ORANGE, FL 32129 US |

04252006 Chg-NP CR2E037 (11/05)

| 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 |
|---|---|
| SUSAN GLAD BOOKKEEPING LLC<br>157 BRANDON HILLS DER<br>PORT ORANGE, FL 32129 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KELEHER, MICHAEL<br>1588 CRABAPPLE COVE CT N<br>JACKSONVILLE, FL 32225 | ☒ Delete | VP<br>TOMBLIN, DORIS<br>2820 OCEAN SHORE BLVD #31<br>ORMOND BEACH, FL 32176 | ☐ Change | ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>MEYERS, BERT<br>2820 OCEANSHORE BLVD #24<br>ORMOND BEACH, FL 32176 | ☒ Delete | S/T<br>DORR, DWIGHT | ☐ Change | ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MURPHY, BARBARA<br>2820 OCEAN SHORE BLVD #24<br>ORMOND BEACH, FL 32176 | ☒ Delete | D<br>DUFFY, EMILY | ☐ Change | ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SCHILLING, PAUL<br>2820 OCEAN SHORE #7<br>ORMOND BEACH, FL 32176 | ☒ Delete | D<br>KERR, SUSAN | ☐ Change | ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/P<br>SHANK, ELLEN<br>104 W RIVIERA DR<br>LINDENHURST, NY 117574714 | ☐ Delete | | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HERMAN, VIOLET<br>9640 W FERNDALE<br>MANITOU BEACH, MI 49253 | ☐ Delete | | ☐ Change | ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Susan Glad Susan Glad agent 386-763-5088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #