


Jul. 18. 2006 3:30AM

**FILED**  
**Aug 11, 2006 8:00 am**  
**Secretary of State**

07-28-2006 90031 009 \*\*\*\*61.25

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 738705</b>			
1. Entity Name <b>MADEIRA NORTE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>43838 GULF BLVD MADEIRA BEACH, FL 33708 US</b>		Mailing Address <b>13000 GULF BLVD. MADEIRA BEACH, FL 33708 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent <b>RYAN EDWARD J DiTinno, Dennis C/O UBERTE MANAGEMENT 106B1 GULF BLVD #207 TREASURE ISLAND, FL 33708</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and its 4 approvers (NOTE: Registered Agent signature required when withdrawing)</small> DATE _____			
Filing Fee is \$61.25 Due by September 8, 2006		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIVLIN, AL 231 LAKE ROAD BOZRAH, CT 06334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gim Strickland <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition see Attached
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMSON, BILL 13000 GULF BLVD #306 MADEIRA BEACH, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ross Lewis <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition see Attached
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMPSEY, EL 154 RUTHERFORD AVE. AYLMER, ON n5h2w8 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Virginia Mina <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition See Attached
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYAN, EDWARD J 13000 GULF BLVD #408 MADEIRA BEACH, FL 33708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joe Rosart <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition See Attached
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOUSLEY, WARREN 89 MAYFAIR AVENUE DUNDAS, ON L9H 3 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Patton <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ELAINE Hutchinson
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KING, BETTY 13000 GULF BLVD #213 MADEIRA BEACH, FL 33708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pete Bockstahler <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ron Duff
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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; that the officer or director is authorized 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, without other file, empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		8/11/06 727-360-2006 Date Daytime Phone #	

ATTACHMENT 6 6022953

# 738705

**MADEIRA NORTE BOARD OF DIRECTORS**

Ross Lewis 40 Auchmar Rd. Hamilton, Ont L9C 1C5	Home 905-575-8207 Work 905-524-1510	Unit 315	V-President
Jim Strickland 12 Pheasant Lane Toronto, Ontario M9A 1T2	Home 416-237-0555 Cell 416-522-9270 <a href="mailto:suejimstrickland@aol.com">suejimstrickland@aol.com</a>	Unit 309/409	President
Virginia Mina 125 Barnes Road Washington, NY 10992-1931	Home 845-496-9627 Condo 727-391-2747 <a href="mailto:flstpp@aol.com">flstpp@aol.com</a>	Unit 504	Secretary
Warren Mousley 69 Mayfair Avenue Dundas, Ontario L9H 3L2	Home 905-627-1590 Work 905-628-1977 <a href="mailto:warrenann@sympatico.com">warrenann@sympatico.com</a>	Unit 408	Treasurer
Al Kivlin 13000 Gulf Blvd. #402 Madeira Beach, FL 33708	Home 860-887-5809	Unit 402	Director
Bill Williamson 13000 Gulf Blvd. #405 Madeira Beach, FL 33708	Home 727-393-6101 Work 727-544-4854	Unit 405	Director
Joe Rosart 20 Karendale Cres P.O. Box 312 Freelton, Ontario L0R 1K0	Home 905-659-3130 Unit 727-397-9277 <a href="mailto:rosart@aol.com">rosart@aol.com</a>	Unit 305	Director
Robert Patton 2222 Detroit Ave. #1001 Cleveland, OH 44113	Home 216-357-2828 <a href="mailto:jpatc@adelphia.net">jpatc@adelphia.net</a>	Unit 206	Director
Pete Bockstahler 2 Concord Ct. S. Barrington, IL	Home 847-428-1117 Work 847-364-4500 Fax 847-364-4505 Condo 727-394-0176	Unit 109	Director
Ron Duff 217 Thames River Rd Springfield, IL 62711	Home 217-546-1595 Condo 727-391-9484 Work 217-787-7215 Fax 217-787-7957 <a href="mailto:ronduff@remaxnet">ronduff@remaxnet</a>	Unit 507	Director
Elaine Hutchinson RR #1 Mt. Pleasant, Ont N0E 1K0	Home 519-445-2698 Work 519-753-2179 Condo 727-397-0065 <a href="mailto:ehutch@execulink.com">ehutch@execulink.com</a>	Unit 216	Director



ATTACHMENT 66022953  
Division of Corporations

## Annual Report

[Annual Report Help](#)

Document Number

738705

Business Entity Name

MADEIRA NORTE CONDOMINIUM ASSOCIATION, INC.

FEI Number

591780207

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Principal Place of Business

Address

13000 GULF BLVD

Suite, Apt. #, etc.

City, State

MADEIRA BEACH

FL

Zip Code &amp; Country

33708

US

## Mailing Address

Address

13000 GULF BLVD.

Suite, Apt. #, etc.

City, State

MADEIRA BEACH

FL

Zip Code &amp; Country

33708

US

## Name and Address of Registered Agent

Name (Last, First, Middle, Title)

DITINNO

DENNIS

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

C/O LIBERTE MANAGEMENT

Suite, Apt. #, etc.

10681 GULF BLVD #207

City, State

TREASURE ISLAND

FL

Zip Code &amp; Country

33706

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature** \_\_\_\_\_

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title \_\_\_\_\_ D \_\_\_\_\_  
Name (Last, First, Middle, Title) KIVLIN, AL, , ,

- OR -

Entity Name to serve as Officer/Director \_\_\_\_\_

Street Address 231 LAKE ROAD  
City, State BOZRAH, CT  
Zip Code & Country 06334,

Title \_\_\_\_\_ D \_\_\_\_\_  
Name (Last, First, Middle, Title) WILLIAMSON, BILL, , ,

- OR -

Entity Name to serve as Officer/Director \_\_\_\_\_

Street Address 13000 GULF BLVD #306  
City, State MADEIRA BEACH, FL  
Zip Code & Country 33708,

Title \_\_\_\_\_ P \_\_\_\_\_  
Name (Last, First, Middle, Title) STRICKLAND, JIM, , ,

- OR -

Entity Name to serve as Officer/Director \_\_\_\_\_

Street Address 12 PHESANT LANE  
City, State TORONTO, ON  
Zip Code & Country M9A 1T2,

Title \_\_\_\_\_ VP \_\_\_\_\_

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Name (Last, First, Middle, Title)

LEWIS

ROSS

- OR -

Entity Name to serve as  
Officer/Director

Street Address

40 AUCHMAR RD

City, State

HAMILTON

ON

Zip Code & Country

L9C 1C5

Title

T

Name (Last, First, Middle, Title)

MOUSLEY

WARREN

- OR -

Entity Name to serve as  
Officer/Director

Street Address

69 MAYFAIR AVENUE

City, State

DUNDAS

ON

Zip Code & Country

L9H 3

Title

S

Name (Last, First, Middle, Title)

MINA

VIRGINIA

- OR -

Entity Name to serve as  
Officer/Director

Street Address

125 BARNES ROAD

City, State

WASHINGTON

NY

Zip Code & Country

10992

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset

ATTACHMENT

66022953

# 738 705

**Annual Report**  
**Continuation Sheet – Madeira Norte Board of**  
**Directors**

Joe Rosart  
20 Karendale Cres  
P.O. Box 312  
Freelton, Ontario L0R 1K0

Director

Robert Patton  
2222 Detroit Ave. #1001  
Cleveland, OH 44113

Director

Pete Bockstahler  
2 Concord Ct.  
S. Barrington, IL

Director

Ron Duff  
217 Thames River Rd  
Springfield, IL 62711

Director

Elaine Hutchinson  
RR #1  
Mt. Pleasant, Ont N0E 1K0

Director