


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90042 044 ****61.25

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 P O BOX 291844 PORT ORANGE, FL 32129 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1428612	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SUSAN GLAD BOOKKEEPING LLC 157 BRANDON HILLS DER PORT ORANGE, FL 32129				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DVP TOMBLIN, DORIS 1586 CRABAPPLE COVE CT N JACKSONVILLE, FL 32225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMOND TODD 2820 OCEAN SHORE BLVD #19 ORMOND BEACH, FL 32176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DORR, DWIGHT 2820 OCEANSHORE BLVD #24 ORMOND BEACH, FL 32176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HAMMOND, LISA ELD 2820 OCEAN SHORE BLVD #19 ORMOND BEACH, FL 32176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED DUFFY, EMILY 2820 OCEAN SHORE BLVD #24 ORMOND BEACH, FL 32176		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERR, SUSAN 2820 OCEAN SHORE #7 ORMOND BEACH, FL 32176		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHANK, ELLEN 104 W RIVIERA DR LINDENHURST, NY 117574714		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HERMAN, VIOLET 9640 W FERNDAL MANITOU BEACH, MI 49253		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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 4-12-07 386-763-5088 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					