

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90028 004 ****61.25

DOCUMENT # 738705

1. Entity Name

MADEIRA NORTE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**13000 GULFBLVD
MADEIRA BEACH FL 33708
US**

Mailing Address

**13000 GULF BLVD.
MADEIRA BEACH FL 33708
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1780207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DITINNO, DENNIS
C/O LIBERTE MANAGEMENT
10681 GULF BLVD #207
TREASURE ISLAND FL 33708**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

TITLE ☐ Delete
NAME **D KIVLIN, AL**
STREET ADDRESS **231 LAKE ROAD**
CITY-ST-ZIP **BOZRAH CT 06334**

TITLE ☐ Delete
NAME **WILLIAMSON, BILL**
STREET ADDRESS **13000 GULF BLVD #306**
CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE ☐ Delete
NAME **MOUSLEY, WARREN**
STREET ADDRESS **69 MAYFAIR AVENUE**
CITY-ST-ZIP **DUNDAS ON L9H 3**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Jim Strickland**
STREET ADDRESS **13000 Gulf Blvd**
CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 to an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jim Strickland 3/13/08