

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90181 025 \*\*\*\*\*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

**55 LONGWOOD DR  
ORMOND BEACH FL 32176  
US**

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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AIA TAX & BOOKKEEPING  
55 LONGWOOD DR  
ORMOND BEACH FL 32176**

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

**FILE NOW: FEE IS \$61.25**

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 **BO** ☐ Delete  
NAME **GUSTAFSON, BARBARA**  
STREET ADDRESS **2820 OCEAN SHORE BLVD, #18**  
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **VP** ☐ Delete  
NAME **MEYERS, BERT**  
STREET ADDRESS **2820 OCEANSHORE BLVD #24**  
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **BO** ☒ Delete  
NAME **RAHN, EDWARD**  
STREET ADDRESS **48-19 192ND ST**  
CITY-ST-ZIP **FRESH MEADOW NY 11365**

TITLE **PD** ☐ Delete  
NAME **SCHILLING, PAUL**  
STREET ADDRESS **2820 OCEAN SHORE #7**  
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **D** ☐ Delete  
NAME **SHANK, ELLEN**  
STREET ADDRESS **104 W RIVIERA DR**  
CITY-ST-ZIP **LINDENHURST NY 11757-4714**

TITLE **D** ☐ Delete  
NAME **HERMAN, VIOLET**  
STREET ADDRESS **9640 W FERNDAL**  
CITY-ST-ZIP **MANITOU BEACH MI 49253**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **DUFFY, EMILY**  
STREET ADDRESS **45 BRYANT RD**  
CITY-ST-ZIP **TURNERSVILLE, NJ 08012**

TITLE **S/D** ☐ Change ☒ Addition  
NAME **MURPHY, BARBARA**  
STREET ADDRESS **46 SMITH ST**  
CITY-ST-ZIP **TORRINGTON, CT 06790**

TITLE **T/D** ☐ Change ☒ Addition  
NAME **HORNICK, FRANK**  
STREET ADDRESS **9027 CLASSIC CT**  
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE **D** ☐ Change ☒ Addition  
NAME **KELLY, BARBARA**  
STREET ADDRESS **1655 JOHN ANDERSON**  
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **D** ☐ Change ☒ Addition  
NAME **JEWELL, JEFFERY**  
STREET ADDRESS **METCALF POND - FLETCHER**  
CITY-ST-ZIP **29 SOUTH SHORE DR  
JEFFERSONVILLE, VT 05464**

TITLE **D** ☐ Change ☒ Addition  
NAME **JEWELL, SYBIL**  
STREET ADDRESS **METCALF POND - FLETCHER**  
CITY-ST-ZIP **29 SOUTH SHORE DR  
JEFFERSONVILLE, VT 05464**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 E. Glad* bookkeeper 4-10-03 386-441-6726

CR2E037 (10/02)