

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721826

Entity Name: MADEIRA VILLA NORTH ASSOCIATION, INC.**Current Principal Place of Business:**2820 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176**Current Mailing Address:**1100 OCEAN SHORE BLVD #9
ORMOND BEACH, FL 32176 US**FEI Number:** 59-1428612**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TOMBLIN, DORIS
2820 OCEAN SHORE BLVD #31
ORMOND BEACH, FL 32176 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title TREASURER
Name TOMBLIN, DORIS
Address 2820 OCEAN SHORE BLVD #31
City-State-Zip: ORMOND BEACH FL 32176

Title VP
Name D'ERCOLE, DONALD
Address 2820 OCEAN SHORE BLVD # 8
City-State-Zip: ORMOND BEACH FL 32176

Title SECRETARY
Name HERMAN, VIOLET
Address 9640 W FERNDAL
City-State-Zip: MANITOU BEACH MI 49253

Title PRESIDENT
Name SCHILLING, STEVE
Address 1129 WALNUT PLAIN RD
City-State-Zip: ROCHESTER MA 02770

Title DIRECTOR
Name JEWELL, SYBIL
Address 2820 OCEAN SHORE BLVD #28
City-State-Zip: ORMOND BEACH FL 32176

Title DIRECTOR
Name TOBIAN, DAVID
Address 4445 CROPTHORNE DR
City-State-Zip: TOLEDO OH 43623

Title DIRECTOR
Name DUNLAP, JIM
Address 2820 OCEAN SHORE BLVD #21
City-State-Zip: ORMOND BEACH FL 32176

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVE SCHILLING**PRES****04/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date