

**2017 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:**DEBORAH, KREINEST  
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:** DEBORAH KREINEST

04/12/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           DAVID, BENSON  
Address       2820 OCEAN SHORE BLVD #25  
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           GRIDER, ANN  
Address       2820 OCEAN SHORE BLVD #32  
City-State-Zip: OEMOND BEACH FL 32176

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

Title           DIRECTOR  
Name           MALTBIE, SHARON  
Address       2820 OCEAN SHORE BLVD #3  
City-State-Zip: ORMOND BEACH FL 32176

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

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

*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

04/12/2017

Electronic Signature of Signing Officer/Director Detail

Date