

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 738705

**Entity Name:** MADEIRA NORTE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**13000 GULF BLVD  
MADEIRA BEACH, FL 33708**Current Mailing Address:**901 N HERCULES AVENUE  
SUITE A  
CLEARWATER, FL 33765 US**FEI Number:** 59-1780207**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEADING EDGE C.A.M.  
901 N HERCULES AVENUE  
SUITE A  
CLEARWATER, FL 33765 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:** BEN COMMONS

04/12/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR
Name	RHEINLANDER, ED
Address	901 N HERCULES AVENUE SUITE A
City-State-Zip:	CLEARWATER FL 33765

Title	TREASURER
Name	MCCLELLAN, DENNIS
Address	901 N HERCULES AVENUE SUITE A
City-State-Zip:	CLEARWATER FL 33765

Title	PRESIDENT
Name	KIVLIN, BRUCE
Address	901 N HERCULES AVENUE SUITE A
City-State-Zip:	CLEARWATER FL 33765

Title	DIRECTOR
Name	HUTCHINSON, DOUG
Address	901 N. HERCULES AVENUE SUITE A
City-State-Zip:	CLEARWATER FL 33765

Title	SECRETARY
Name	STEWART, LINDA
Address	901 N. HERCULES AVENUE SUITE A
City-State-Zip:	CLEARWATER FL 33765

Title	VP
Name	ROSART, JOE
Address	901 N. HERCULES SUITE A
City-State-Zip:	CLEARWATER FL 33765

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:** BRUCE KIVLIN

PRESIDENT

04/12/2023

Electronic Signature of Signing Officer/Director Detail

Date