2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2015
Secretary of State
CC6684069453

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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 04/20/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	MULLADY, SUE
Address	13000 GULF BLVD., #215
City-State-Zip:	MADEIRA BEACH FL 33708

Title	VP
Name	RHEINLANDER, ED
Address	13000 GULF BLVD. #207
City-State-Zip:	MADEIRA BEACH FL 33708

Title	T
Name	LEWIS, DAVID
Address	9029 DIAMOND POINTE DR.
City-State-Zip:	INDIANAPOLIS IN 46236

Title	S
Name	HOLTQUIST, CHUCK
Address	1523 LARRY LANE
City-State-Zip:	GLENDALE HEIGHTS IL 60139

Title	DIR
Name	STEWART, LINDA
Address	41 BIRCHBANK LANE
City-State-Zip:	TORONTO ONTARIO M3B2Y2

Title	DIR
Name	GILLESPIE, GREGORY
Address	P.O. BOX 6799
City-State-Zip:	TOLEDO OH 43612

Title	DIRECTOR
Name	MCCLELLAN, DENNIS
Address	13000 GULF BLVD #502
City-State-Zip:	MADEIRA BEACH FL 33708

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: DAVID LEWIS TREASURER 04/20/2015

Electronic Signature of Signing Officer/Director Detail — Date