

2019 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

02/18/2019

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

Title DIRECTOR
Name KIVLIN, ALFRED
Address 901 H. 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

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: SUE MULLADY

PRESIDENT

02/18/2019

Electronic Signature of Signing Officer/Director Detail

Date