

2015 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

04/20/2015

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