

**2021 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

03/03/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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            VP  
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

*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

03/03/2021

Electronic Signature of Signing Officer/Director Detail

Date