

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002265

Entity Name: SKYLINE OF MADEIRA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**13999 GULF BLVD.
MADEIRA BEACH, FL 33708**Current Mailing Address:**C/O RICHARD C. COMMONS, P.A.
901 N. HERCULES AVE. SUITE A
CLEARWATER, FL 33765 US**FEI Number:** 20-5683184**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RICHARD C. COMMONS PA
RICHARD C. COMMONS, P.A.
901 N. HERCULES AVE. 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:** RICHARD C. COMMONS

05/03/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	MARKLEY, DENNIS
Address	119 SHOALS CIRCLE
City-State-Zip:	N. REDDINGTON BCH FL 33708

Title	TREASURER
Name	PAUL, BLAIR
Address	C/O RICHARD C. COMMONS 901 N. HERCULES AVE. SUITE A
City-State-Zip:	CLEARWATER FL 33765

Title	DIRECTOR
Name	ZURBRIGG, MICHAEL
Address	C/O RICHARD C. COMMONS 901 N. HERCULES AVE. SUITE A
City-State-Zip:	CLEARWATER FL 33765

Title	PRESIDENT
Name	MOBLEY, MICHAEL CONN
Address	C/O RICHARD C. COMMONS, PA 901 N. HERCULES AVE SUITE A
City-State-Zip:	CLEARWATER FL 33765
Title	VP
Name	PAUL, FRASER
Address	C/O RICHARD C. COMMONS 901 N. HERCULES AVE. 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: MICHAEL CONN MOBLEY

PRESIDENT

05/03/2021

Electronic Signature of Signing Officer/Director Detail

Date