

2015 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
2ND FLOOR OFFICE
MADEIRA BEACH, FL 33708

Current Mailing Address:

C/O CONDOMINIUM MGMT GROUP
7800 66TH STREET N. STE 205
PINELLAS PARK, FL 33781 US

FEI Number: 20-5683184

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONDOMINIUM MGMT GROUP
C/O CONDOMINIUM MGMT GROUP
7800 66TH STREET N. STE 205
PINELLAS PARK, FL 33781 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: RONALD WELTON

05/08/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name PAUL, FRASER
Address C/O CONDOMINIUM MGMT GROUP
7800 66TH STREET N. STE 205
City-State-Zip: PINELLAS PARK FL 33781

Title VP
Name SULLIVAN, DON
Address C/O CONDOMINIUM MGMT GROUP
7800 66TH STREET N. STE 205
City-State-Zip: PINELLAS PARK FL 33781

Title SECRETARY
Name BRUIN, ELLEN
Address C/O CONDOMINIUM MGMT GROUP
7800 66TH STREET N. STE 205
City-State-Zip: PINELLAS PARK FL 33781

Title TREASURER
Name PAUL, BLAIR
Address C/O CONDOMINIUM MGMT GROUP
7800 66TH STREET N. STE 205
City-State-Zip: PINELLAS PARK FL 33781

Title DIRECTOR
Name CRAIN, BEV
Address C/O CONDOMINIUM MGMT GROUP
7800 66TH STREET N. STE 205
City-State-Zip: PINELLAS PARK FL 33781

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: FRASER PAUL

P

05/08/2015

Electronic Signature of Signing Officer/Director Detail

Date