

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002265

**FILED**  
**May 08, 2015**  
**Secretary of State**  
**CC1687576016**

**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