


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90246 049 \*\*\*\*61.25

<b>DOCUMENT # 720141</b>	
1. Entity Name <b>MADEIRA VILLA ASSOCIATION, INC.</b>	

Principal Place of Business <b>2810 OCEAN SHORE BLVD PO BOX 3186 ORMOND BEACH, FL 32176</b>	Mailing Address <b>POB 290682 PORT ORANGE, FL 32129</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04302008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1386874</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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## 6. Name and Address of Current Registered Agent

**BRADLEY, ANNA LOU  
2810 OCEANSHORE BLVD  
#30  
ORMOND BEACH, FL 32176**

## 7. Name and Address of New Registered Agent

Name **Susan Glad Bookkeeping LLC**  
Street Address (P.O. Box Number is Not Acceptable)  
**157 Brandy Hills Dr.**  
City **Port Orange** FL Zip Code **32129**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Susan Glad Susan Glad** DATE **4-30-08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRADLEY, ANNA LOU 2810 OCEAN SHORE BLVD, #30 ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURKE, JOHN 1810 OCEAN SHORE BLVD #27 ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BRADLEY, GEORGE 2810 OCEAN SHORE BLVD #10 ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TALLON, WALTER 2810 OCEAN SHORE BLVD #16 ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE HOLLIS 2810 OCEAN SHORE BLVD #27 ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TURNER, DONALD 1886 ARDICK RD COLUMBUS, OH 43220	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PILIZZI, HENRY 11814 COLDSTREAM DR POTOMAC, MD 20854	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODWIN, FRED 2810 OCEAN SHORE BLVD #1 ORMOND BEACH, FL 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS MARK 105 RAINTREE CT NICHOLASVILLE, KY 40356	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRDGAN, KEVIN 102 BELLEPOINT PKWY BRUNSWICK, GA 31525	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Susan Glad Susan Glad agent** DATE **4-30-08** DAYTIME PHONE # **386-763-5088**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR