2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# 721849

Entity Name: MADEIRA VILLA SOUTH ASSOCIATION, INC.

Current Principal Place of Business:

2800 OCEAN SHORE BLVD
ORMOND BEACH FLA, 32176 US

New Principal Place of Business:

2800 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176 US

Current Mailing Address:

POB 1527
ORMOND BEACH, FL 32175 US

New Mailing Address:

FEI Number: 59-1486346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DI ANGELO, JOE
2800 OCEAN SHORE BLVD, # 7
ORMOND BCH, FL 32176 US

Name and Address of New Registered Agent:

KREINEST, DEBORAH
2800 OCEAN SHORE BLVD,
ORMOND BCH, FL 32176 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: DEBORAH KREINEST 01/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DI ANGELO, JOE
Address: 2800 OCEAN SHORE BLVD, # 7
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP ( ) Delete
Name: PARKHURST, DON
Address: RR 3 BOX 31514
City-St-Zip: TOWNSEND, GA 31331

Title: T ( ) Delete
Name: FORD, GREG
Address: 104 MARIE TRACE
City-St-Zip: BRUNSWICK, GA 31525

Title: D ( ) Delete
Name: JOHNSTON, PETER
Address: 2800 OCEAN SHORE BLVD 1
City-St-Zip: ORMOND BEACH, FL 32176

Title: D ( ) Delete
Name: JOHNSTON, JOSEPH
Address: POB 16132 CARDEN DR
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: KEENE, KEN
Address: 12906 LITTLETON RD
City-St-Zip: JACKSONVILLE, FL 32224

Title: PRES (X) Change ( ) Addition
Name: PARKHURST, DON
Address: RR 3 BOX 31514
City-St-Zip: TOWNSEND, GA 31331

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change ( ) Addition
Name: HOLLAND, OLIVIA
Address: 144 EAGLE CREST DR
City-St-Zip: BRUNSWICK, GA 31525

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONALD PARKHURST PRES 01/21/2009
Electronic Signature of Signing Officer or Director Date