


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90012 044 ****61.25

DOCUMENT # 726939 1. Entity Name MADEIRA VISTA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 14800 GULF BOULEVARD MADEIRA BEACH, FL 33708			Mailing Address 14800 GULF BOULEVARD MADEIRA BEACH, FL 33708		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1805463	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MONACO, TOM 14800 GULF BLVD MADEIRA BEACH, FL 33708			Name ROBERT BARNETT Street Address (P.O. Box Number is Not Acceptable) 14800 GULF BLVD, # 202 City MADEIRA BEACH FL Zip Code 33708		
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 <u><i>Robert C. Barnett</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>7/9/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MONACO, TOM 14800 GULF BLVD MADEIRA BEACH, FL 33708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ALBERT GONZALES 14904 DEVONSHIRE WOODS PL TAMPA, FL 33624	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOWNES, HELEN 44 EDSALL DR SUSSEX, NJ 07461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN D. COWAN 5215 WATSON ROAD RIVERVIEW, FL 33569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMANN, CANDACE 14800 GULF BOULEVARD MADIERA BEACH, FL 33708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANTHONY SUAREZ 15132 SPRINGVIEW ST. TAMPA, FL 33624	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILKS, WINTON 14800 GULF BOULEVARD MADIERA BEACH, FL 33708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNETT, ROBERT 14800 GULF BLVD SAINT PETERSBURG, FL 33708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Robert C. Barnett</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>7/9/05</u> DAYTIME PHONE # <u>727-397-0711</u>		