FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:07

DOCUMENT # 736414 (4)

1. Corporation Name
MADEIRA TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
246 KRIDER ROAD SANFORD FL 32773 US	246 KRIDER ROAD SANFORD FL 32773 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1710584 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Madeira Townhomes
22 Suite, Apt. #, etc. 246 Krider Road
23 City & State Sanford, Florida
24 Zip 32773
25 Country Seminole

2a. Mailing Address
26 Same as no. 2
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

DELNO, ANNE C.
240 KRIDER ROAD
SANFORD FL 32773

10. Name and Address of New Registered Agent

81 Name: JORDAN, GLORIA E.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 246 Krider Road
84 City: Sanford FL 85 Zip Code: 32773

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Gloria E. Jordan — GLORIA E. JORDAN — 1-20-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	1.1 TITLE	ST	☒ Change ☐ Addition
NAME	DELNO, ANNE C.	1.2 NAME	JORDAN, GLORIA E.	
STREET ADDRESS	240 KRIDER ROAD	1.3 STREET ADDRESS	246 KRIDER ROAD	
CITY-ST-ZIP	DANFORD FL	1.4 CITY-ST-ZIP	SANFORD, FL. 32773	
TITLE	P	2.1 TITLE	P	☒ Change ☐ Addition
NAME	JORDAN, GLORIA	2.2 NAME	GONZALES, BARBARA	
STREET ADDRESS	246 KRIDER RD	2.3 STREET ADDRESS	234 KRIDER ROAD	
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	SANFORD, FL 32773	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	GONZALES, VENCESLADO	3.2 NAME		
STREET ADDRESS	234 KRIDER ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	LIVIE, TERRY	4.2 NAME		
STREET ADDRESS	248 KRIDER RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MOHRING, JAN B.	5.2 NAME		
STREET ADDRESS	242 KRIDER ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gloria E. Jordan — GLORIA E. JORDAN — 1-20-95 — (407) 330-9775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)