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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 736414 (4)

1. Corporation Name

MADEIRA TOWNHOMES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

MADEIRA TOWNHOMES  
246 KRIDER ROAD  
SANFORD FL 32773  
US

MADEIRA TOWNHOMES  
246 KRIDER ROAD  
SANFORD FL 32773  
US

3. Date Incorporated or Qualified  
07/20/1976

3a. Date of Last Report  
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HORDAN, GLORIA E.  
246 KRIDER ROAD  
SANFORD FL 32773

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

(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 P  
NAME GONZALES, BARBARA  
STREET ADDRESS 234 KRIDER ROAD  
CITY-ST-ZIP SANFORD FL  
☒ DELETE

1.1 TITLE Edge L. Ball  
1.2 NAME 246 Krider Rd  
1.3 STREET ADDRESS Sanford, FL 32773  
1.4 CITY-ST-ZIP  
☒ Change ☐ Addition President

TITLE ST  
NAME JORDAN, GLORIA  
STREET ADDRESS 246 KRIDER RD  
CITY-ST-ZIP SANFORD FL  
☒ DELETE

2.1 TITLE Flora "Terry" Livie  
2.2 NAME 248 Krider Rd  
2.3 STREET ADDRESS Sanford, FL 32773  
2.4 CITY-ST-ZIP  
☒ Change ☐ Addition Sec/Treasurer

TITLE D  
NAME GONZALES, VENCESLADO  
STREET ADDRESS 234 KRIDER ROAD  
CITY-ST-ZIP SANFORD FL  
☐ DELETE

3.1 TITLE Gonzales, Venceslado  
3.2 NAME 234 Krider Rd  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☒ Change ☐ Addition Director

TITLE D  
NAME LIVIE, TERRY  
STREET ADDRESS 248 KRIDER RD  
CITY-ST-ZIP SANFORD FL  
☒ DELETE

4.1 TITLE Livie, William  
4.2 NAME 248 Krider Rd  
4.3 STREET ADDRESS Sanford, FL 32773  
4.4 CITY-ST-ZIP  
☒ Change ☐ Addition Director

TITLE D  
NAME MOHRING, JAN B.  
STREET ADDRESS 242 KRIDER ROAD  
CITY-ST-ZIP SANFORD FL  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec/Treasurer

4/4/96 407-323-4345  
Daytime Phone

CR2E037 (12/95)