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Jun 11 1997 8:00am  
Secretary of State

**NONPROFIT CORPORATION ANNUAL REPORT 1997**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Morton**  
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 32773-5881**  
**US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>248 Krider Rd</b>		26		07/20/1976		04/09/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 <b>Sanford, FL</b>		27		59-1710584		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24 <b>32773</b>		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HORDAN, GLORIA E.</b> <b>246 KRIDER ROAD</b> <b>SANFORD FL 32773</b>				B1 Name <b>Flora Livie</b>			
				B2 Street Address (P.O. Box Number is Not Acceptable) <b>248 Krider Rd</b>			
				B3			
				B4 City <b>Sanford</b> FL B5 Zip Code <b>32773</b>			

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 **DIANE E. MARSHALL** **Diane E. Marshall** 6-5-97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BALL, EDEY L.</b>			1.2 NAME	<b>Diane Marshall</b>		
STREET ADDRESS	<b>246 KRIDES ROAD</b>			1.3 STREET ADDRESS	<b>246 Krider Rd</b>		
CITY-ST-ZIP	<b>SANFORD FL</b>			1.4 CITY-ST-ZIP	<b>Sanford, FL 32773</b>		
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LIVE, FLORA</b>			2.2 NAME			
STREET ADDRESS	<b>248 KRIDES ROAD</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SANFORD FL</b>			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GONZALES, VENCESLADO</b>			3.2 NAME			
STREET ADDRESS	<b>234 KRIDER ROAD</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SANFORD FL</b>			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LIVE, WILLIAM</b>			4.2 NAME			
STREET ADDRESS	<b>248 KRIDER ROAD</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SANFORD FL</b>			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<b>D Roland Zuesli</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOHRING, JAN B.</b>			5.2 NAME	<b>238 Krider Rd</b>		
STREET ADDRESS	<b>242 KRIDER ROAD</b>			5.3 STREET ADDRESS	<b>Sanford, FL 32773</b>		
CITY-ST-ZIP	<b>SANFORD FL</b>			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 **FELICIA BAKER (RECEIVED)** 4/15/97 407-373-4345

CR2E037 (9/96)