

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **736414** (4)  
1. Corporation Name  
**MADEIRA TOWNHOMES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>248 KRIDER RD SANFORD FL 32773 US</b>	Mailing Address <b>MADEIRA TOWNHOMES 246 KRIDER ROAD SANFORD FL 32773 US</b>
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2. Principal Place of Business <b>21 246 KRIDER ROAD</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 246 KRIDER ROAD</b> Suite, Apt. #, etc.
City & State <b>23 SANFORD FL</b>	City & State <b>28 SANFORD FL</b>
Zip <b>24 32773</b>	Country <b>25 US</b>
Zip <b>29 32773</b>	Country <b>30 US</b>

3. Date Incorporated or Qualified <b>07/20/1976</b>
4. FEI Number <b>59-1710584</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>LIVE, FLORI 248 KRIDER ROAD SANFORD FL 32773</b>	10. Name and Address of New Registered Agent <b>81 Name MARSHALL, DIANE 82 Street Address (P.O. Box Number is Not Acceptable) 246 KRIDER ROAD 83 84 City SANFORD FL 85 Zip Code 32773</b>
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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 Marshall* **1-5-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MARSHALL, DIANE</b>	
STREET ADDRESS <b>246 KRIDER RD</b>	
CITY-ST-ZIP <b>SANFORD FL 32773</b>	
TITLE <b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>LIVE, FLORA</b>	
STREET ADDRESS <b>248 KRIDES ROAD</b>	
CITY-ST-ZIP <b>SANFORD FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>GONZALES, VENCESLADO</b>	
STREET ADDRESS <b>234 KRIDER ROAD</b>	
CITY-ST-ZIP <b>SANFORD FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>LIVE, WILLIAM</b>	
STREET ADDRESS <b>248 KRIDER ROAD</b>	
CITY-ST-ZIP <b>SANFORD FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ZUESLI, ROLAND</b>	
STREET ADDRESS <b>238 KRIDER ROAD</b>	
CITY-ST-ZIP <b>SANFORD FL 32773</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>ZUESLI, ROLAND</b>	
1.3 STREET ADDRESS <b>238 KRIDER ROAD</b>	
1.4 CITY-ST-ZIP <b>SANFORD, FL. 32773</b>	
2.1 TITLE <b>SEC/TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>MARSHALL, DIANE</b>	
2.3 STREET ADDRESS <b>246 KRIDER ROAD</b>	
2.4 CITY-ST-ZIP <b>SANFORD, FL. 32773</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>BAILEY, FRANK</b>	
4.3 STREET ADDRESS <b>244 KRIDER ROAD</b>	
4.4 CITY-ST-ZIP <b>SANFORD, FL. 32773</b>	
5.1 TITLE <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>ZUESLI, DEBORAH</b>	
5.3 STREET ADDRESS <b>238 KRIDER ROAD</b>	
5.4 CITY-ST-ZIP <b>SANFORD FL 32773</b>	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Frank Bailey* **3-2-98 467-330-7020**  
**President**

CR2E037 (10/97)