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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736414

1. Corporation Name

MADEIRA TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

246 KRIDER RD
SANFORD FL 32773
US

Mailing Address

246 KRIDER RD
246 KRIDER ROAD
SANFORD FL 32773
US



2. Principal Place of Business

21 238 Krider rd

Suite, Apt. #, etc.

22 238 Krider rd

City & State

23 Sanford, Florida

Zip

24 32773 25 US

2a. Mailing Address

26 238 Krider rd

Suite, Apt. #, etc.

27 238 Krider rd

City & State

28 Sanford Florida

Zip

29 32773 30 US

3. Date Incorporated or Qualified

07/20/1976

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

9. Name and Address of Current Registered Agent

MARSHALL, DIANE
246 KRIDER RD
SANFORD FL 32773

10. Name and Address of New Registered Agent

81 Name
Zuesli, Deborah
82 Street Address (P.O. Box Number is Not Acceptable)
238 Krider road
83
84 City
Sanford FL 85 Zip Code
32773

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

TITLE ☐ DELETE

NAME
P ZUESLI, ROLAND
STREET ADDRESS
238 KRIDER RD
CITY-ST-ZIP
SANFORD FL 32773

TITLE ☐ DELETE

NAME
ST MARSHALL, DIANE
STREET ADDRESS
246 KRIDER RD
CITY-ST-ZIP
SANFORD FL 32773

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
D LIVIE, WILLIAM
STREET ADDRESS
248 KRIDER ROAD
CITY-ST-ZIP
SANFORD FL

TITLE ☐ DELETE

NAME
D ZUESLI, DEBORAH
STREET ADDRESS
238 KRIDER RD
CITY-ST-ZIP
SANFORD FL 32773

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
P Marshall, Diane
1.3 STREET ADDRESS
246 Krider rd
1.4 CITY-ST-ZIP
Sanford FL 32773

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
St Zuesli, Deborah
2.3 STREET ADDRESS
238 Krider rd
2.4 CITY-ST-ZIP
Sanford FL 32773

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
D Bailey, Frank
3.3 STREET ADDRESS
244 Krider rd
3.4 CITY-ST-ZIP
Sanford FL 32773

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
D Roland & Zuesli
4.3 STREET ADDRESS
238 Krider rd
4.4 CITY-ST-ZIP
Sanford FL 32773

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
Hail JOHN
5.3 STREET ADDRESS
234 Krider rd
5.4 CITY-ST-ZIP
Sanford FL 32773

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: Deborah Zuesli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/99 (407) 320-9905

CR2E037 (1/198)