

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736414

1.-Entity Name

MADEIRA TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

238 KRIDER RD
SANFORD FL 32773
US

Mailing Address

238 KRIDER RD
246 KRIDER ROAD
SANFORD FL 32773-5881
US

2. Principal Place of Business

238 Krider rd

Suite, Apt. #, etc.

Sanford

City & State

Florida

Zip

32773

Country

USA

3. Mailing Address

238 Krider rd

Suite, Apt. #, etc.

Sanford

City & State

Florida

Zip

32773

Country

USA

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90058 026 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1710584

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZUESLI, DEBORAH
238 KRIDER ROAD
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name
Deborah Zuesli
Street Address (P.O. Box Number is Not Acceptable)
238 Krider rd
City
Sanford FL Zip Code
32773

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Deborah Zuesli

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/4/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	ZUESLI, ROLAND	
STREET ADDRESS	238 KRIDER RD	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, DIANE	
STREET ADDRESS	246 KRIDER RD	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GONZALES, VENCESLADO	
STREET ADDRESS	234 KRIDER ROAD	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIVIE, WILLIAM	
STREET ADDRESS	248 KRIDER ROAD	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZUESLI, DEBORAH	
STREET ADDRESS	238 KRIDER RD	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diane Marshall	
STREET ADDRESS	246 Krider rd	
CITY-ST-ZIP	Sanford FL 32773	
TITLE	Sec/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deborah Zuesli	
STREET ADDRESS	238 Krider rd	
CITY-ST-ZIP	Sanford FL 32773	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roland Zuesli	
STREET ADDRESS	238 Krider rd	
CITY-ST-ZIP	Sanford FL 32773	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gwen Shield	
STREET ADDRESS	248 Krider rd	
CITY-ST-ZIP	Sanford FL 32773	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Bailey	
STREET ADDRESS	244 Krider rd	
CITY-ST-ZIP	Sanford FL 32773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/00 407-320-9905

Date

Daytime Phone #

CR2E037 (9/99)