

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2001 8:00 am
Secretary of State

07-23-2001 90001 027 ****61.25

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
 SANFORD FL 32773
 US

2. Principal Place of Business

246 Krider rd

3. Mailing Address

246 Krider rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanford, Florida

City & State

Sanford, Florida

Zip
 32773

Country

USA

Zip
 32773

Country

USA

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 **Stirling International Realty Inc**
 Street Address (P.O. Box Number is Not Acceptable) **115 International Parkway**
Heathrow, FL 32746
 City **FL** Zip Code **32746**

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)

7/16/01

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	D ZUESLI, ROLAND 238 KRIDER RD SANFORD FL 32773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARSHALL, DIANE 246 KRIDER RD SANFORD FL 32773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIELD, GWEN 248 KRIDER RD SANFORD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZUESLI, DEBORAH 238 KRIDER RD SANFORD FL 32773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, FRANK 244 KRIDER RD SANFORD FL 32773	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Barbara S Folsom 236 Krider rd Sanford FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ann Delno (Director) 240 Krider rd Sanford FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Deborah Zuesli

7/16/01 407 320-9905

CR2E037 (5/01)