

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90026 026 ****61.25

DOCUMENT # 739421					
1. Entity Name SHORES OF MADEIRA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 15400 GULF BLVD. MADEIRA BEACH, FL 33708			Mailing Address 15400 GULF BLVD. MADEIRA BEACH, FL 33708		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1754230	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CATLETT, BOYD 6471 28TH TERR. NORTH ST. PETERSBURG, FL 33710			7. Name and Address of New Registered Agent Name ANDREW J CSANADY CPA Street Address (P.O. Box Number is Not Acceptable) 151 107TH AVE #10 City TREASURE ISLAND FL Zip Code 33706		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Andrew J Csanady</u> ANDREW J CSANADY CPA <u>1/25/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME MARTINO, PHILIP STREET ADDRESS 15400 GULF BLVD #401 CITY-ST-ZIP MADEIRA BCH, FL 33708	<input type="checkbox"/> Delete		TITLE DS NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME KIEFFER, DONALD STREET ADDRESS 15400 GULF BLVD #101 CITY-ST-ZIP MADEIRA BCH, FL 33708	<input type="checkbox"/> Delete		TITLE D NAME WATKINS, DAVID STREET ADDRESS 1106 45TH AVE CITY-ST-ZIP ST PETERSBURG FL 33703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DVP NAME PREDOVIC, RICHARD STREET ADDRESS 15400 GULF BLVD #503 CITY-ST-ZIP MADEIRA BCH, FL 33708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME NUYSER, MARILYN STREET ADDRESS 15400 GULF BLVD #602 CITY-ST-ZIP SAINT PETERSBURG, FL 33708	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME STOCKING, WILLIAM STREET ADDRESS 15400 GULF BLVD #304 CITY-ST-ZIP MADEIRA BCH, FL 33708	<input type="checkbox"/> Delete		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"/> Delete		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 exemptions contained in Chapter 119, 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: <u>Ronald E Kieffer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/4/08</u> <u>727-367-9702</u> <small>Date Daytime Phone #</small>		