2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# 739421

Entity Name: SHORES OF MADEIRA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

15400 GULF BLVD.
MADEIRA BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

15400 GULF BLVD.
MADEIRA BEACH, FL 33708

New Mailing Address:

FEI Number: 59-1754230 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KIEFFER, DONALD
102 TREASURE ISLAND CAUSEWAY
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MARTINO, PHILIP
Address: 15400 GULF BLVD #401
City-St-Zip: MADEIRA BCH, FL 33708

Title: PD ( ) Delete
Name: KIEFFER, DONALD
Address: 15400 GULF BLVD #101
City-St-Zip: MADEIRA BCH, FL 33708

Title: DVP ( ) Delete
Name: PREDOVIC, RICHARD
Address: 15400 GULF BLVD #503
City-St-Zip: MADEIRA BCH, FL 33708

Title: D ( ) Delete
Name: NUYSER, MARILYN
Address: 15400 GULF BLVD #602
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: D ( ) Delete
Name: STOCKING, WILLIAM
Address: 15400 GULF BLVD #304
City-St-Zip: MADEIRA BCH, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD KIEFFER PD 06/29/2009

Electronic Signature of Signing Officer or Director — Date