# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 25, 2009**
**Secretary of State**

DOCUMENT# 748660

**Entity Name:** MADEIRA SANDS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O LAMONT MANAGEMENT
13650 GULF BLVD
SAINT PETERSBURG, FL 33708 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LAMONT MANAGEMENT
250 104TH AVE
TREASURE ISLAND, FL 337064846 US

**New Mailing Address:**

**FEI Number: 59-2030694** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAMONT, SUE H
250 104TH AVE
TREASURE ISLAND, FL 337064846 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: VPD ( ) Delete
Name: ENTZMINGER, WADE
Address: 13302 GOLF CREST CIRCLE
City-St-Zip: TAMPA, FL 33618

Title: STD ( ) Delete
Name: SCAGLIONE, ANDY
Address: 7619 LAKE CYPRESS DRIVE
City-St-Zip: ODESSA, FL 33556

Title: PD ( ) Delete
Name: CLARK, ART
Address: 13650 GULF BLVD #601
City-St-Zip: MADEIRA BEACH, FL 33708

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: ENTZMINGER, WADE
Address: 13302 GOLF CREST CIRCLE
City-St-Zip: TAMPA, FL 33618

Title: VP (X) Change ( ) Addition
Name: SCAGLIONE, ANDY
Address: 7619 LAKE CYPRESS DRIVE
City-St-Zip: ODESSA, FL 33556

Title: P (X) Change ( ) Addition
Name: FERNANDEZ, MANUEL
Address: 401 RIVERVIEW
City-St-Zip: TAMPA, FL 33607

Title: ST ( ) Change (X) Addition
Name: PARKER, DEE DEE
Address: 13650 GULF BLVD. #303
City-St-Zip: MADIERA BEACH, FL 33708

Title: D ( ) Change (X) Addition
Name: NASSIF, MATT
Address: 8405 LAVA PLACE
City-St-Zip: TAMPA, FL 33615

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: ANDY SCAGLIONE VP 03/25/2009
Electronic Signature of Signing Officer or Director Date