FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR -7 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **750125** **(7)**

1. Corporation Name
VILLA MADEIRA CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
13030 GULF BLVD P O BOX 15658 MADEIRA BCH FL 33708	13030 GULF BLVD P O BOX 15658 MADEIRA BCH FL 33708

3. Date Incorporated or Qualified: 12/10/1979
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2222487 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

TOTAL REALTY SERVICES INC
13030 GULF BLVD
MADEIRA BCH 33708

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	SD	☐ Change ☑ Addition
NAME	HOWARTH, DENNIS	1.2 NAME	PATSY CARBY	
STREET ADDRESS	13270 GULF BLVD	1.3 STREET ADDRESS	2901 SENECA PARK RD	
CITY-ST-ZIP	MADEIRA BCH FL	1.4 CITY-ST-ZIP	LOUISVILLE FL 40205	
TITLE	SD D	2.1 TITLE	D	☑ Change ☐ Addition
NAME	GIGLIO, PAT	2.2 NAME		
STREET ADDRESS	10504 SAGO RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	VPD PD	3.1 TITLE	PD	☑ Change ☐ Addition
NAME	LANGLEY, BROCK	3.2 NAME		
STREET ADDRESS	2030 HEADON FOREST DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON ON	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	CIMINO, BERNARD	4.2 NAME		
STREET ADDRESS	2707 ESSEX DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	AULENBACH, WILLIAM	5.2 NAME		
STREET ADDRESS	13270 GULF BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BCH FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SPEIGHT, RONALD	6.2 NAME		
STREET ADDRESS	3226 BLOOMFIELD DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	MISSISSAUGA ON	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bernard Cimino 4/3/95 813-393-2534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Bernard Cimino

0014643