

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **750125** (7)

1. Corporation Name

**VILLA MADEIRA CONDOMINIUM ASSOCIATION, INC.**



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  
**04/07/1995**

2. Principal Place of Business

2a. Mailing Address

**21 13030 Gulf Blvd**

**26 13030 Gulf Blvd.**

4. FEI Number

**59-2222487**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**23 MADEIRA BEACH, FL**

**28 MADEIRA BEACH, FL**

Zip Country

Zip Country

**24 33708**

Country

**29 33708**

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOTAL REALTY SERVICES INC  
13030 GULF BLVD  
MADEIRA BCH 33708**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **SD**  
STREET ADDRESS **CARBY, PATSY**  
CITY-ST-ZIP **2901 SENECA PARK RD  
LOUISVILLE FL**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **GIGLIO, PAT**  
CITY-ST-ZIP **10504 SAGO RD  
TAMPA FL**

TITLE ☐ DELETE

NAME **PD**  
STREET ADDRESS **LANGLEY, BROCK**  
CITY-ST-ZIP **2030 HEADON FOREST DR  
BURLINGTON ON**

TITLE ☐ DELETE

NAME **TD**  
STREET ADDRESS **CIMINO, BERNARD**  
CITY-ST-ZIP **2707 ESSEX DR  
TAMPA FL**

TITLE ☒ DELETE

NAME **D**  
STREET ADDRESS **AULENBACH, WILLIAM**  
CITY-ST-ZIP **13270 GULF BLVD  
MADEIRA BCH FL**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **SPEIGHT, RONALD**  
CITY-ST-ZIP **3226 BLOOMFIELD DR  
MISSISSAUGA ON**

TITLE ☐ DELETE

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)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)