## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

1996

DOCUMENT #

750125

(7)

VILLA MADEIRA CONDOMINIUM ASSOCIATION, INC.

Principal Place	of Business	Mailing Address		* 100111 1000 51111 00101 11010 11001	
13030 GULF 8	BLVD	13030 GULF BLVD			
P O BOX 158		P O BOX 15658 MADEIRA BCH FL 33708			To Burgins
MADEIRA BCH	T FL 33/08	MADEINA DUN FL 33/00		3. Date Incorporated or Qualified	3a. Date of Last Report
				12/10/1979 4. FEI Number	04/07/1995 Applied For
	ace of Business	2a. Mailing Address	17 BlvD.		Not Applicable
21 (30		26 13030 QU Suite, Apt. #, etc.	CIA IDIAD		\$8.75 Additional
Suite, Apt. #	#, ⊌IG.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	Fee Required
City & State	9 0 1	City & State	0	6. Election Campaign Financing	\$5.00 May Be
	seira Beach, 7L	28 MADRIRA	Beach, 71	Trust Fund Contribution	Auded to rees
Zip	_ Country	Zip	Country	8. This corporation has liability for in	itangible tax under s. 199.032, I Yes □ No
24 337	708   25		30	Florida Statutes L  10. Name and Address of New Re	
	9. Name and Address of Current	Registered Agent	81 Name	10. Hallio dila Addicasa di 14011 fic	Secretary 19 and
				The bank of the second	
TOTAL REALTY SERVICES INC				ddress (P.O. Box Number is Not Acceptable	e)
13030 GULF BLVD			83		
MADEIRA BCH 33708			201		85 Zip Code
			84 City		FL S Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above-named corp	poration submits this statement for the purp	ose of changing its registered offic
or register	red agent, or both, in the State of Florid ith, and accept the obligations of, Section	ia. Such change was authorized	by the corporation's b	oard of directors. I hereby accept the appo	intment as registered agent. I am
	ил, апо восерстве обиданоть от, веси	on on 10000, nonda platates.			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature req	uired when reinstaling)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	SD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CARBY, PATSY		1.2 NAME		
STREET ADDRESS	2901 SENECA PARK RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE FL		1.4 CITY-ST-ZIP	WITH CORPUSANT	Change Addition
TITLE	D	DELETE	2.1 TITLE	VICE PRESIDENT	Charles [7] Vocation
NAME	GIGLIO, PAT		2.2 NAMÉ	PAT GIGLIO	
STREET ADDRESS	10504 SAGO RD			ios of sage id.	Q
CHTY-ST-ZIP	TAMPA FL	FIDELETE	2. 4 CITY - ST - ZIP 4	TAMPO . FL 3361	Change Addition
TITLE	PD	DELETE	3.1 TITLE	president Brock Langles	
NAME	LANGLEY, BROCK		3 2 NAME	2030 NEADON FOR	est de
STREET ADDRESS	2030 HEADON FOREST DR			7037 4454	ARIO LIM 243
CITY-ST-ZIP	BURLINGTON ON	DELETE	3.4. CITY-ST-ZIP	_ <del> </del>	Change Addition
THTLE	TD STATE OF THE PERSON		4. 2 NAME	Director Viace Wite Ano	- • • •
NAME	CIMINO, BERNARD		4.2 NAME 4.3 STREET ADDRESS	VINCE VITE AND 205 DAVIS AVE.	
STREET ADDRESS	LIGI EGGEN DI		4.3 STREET ADDRESS	HACKENSACK, NJ	07601
CITY-ST-ZIP	TAMPA FL	DELETE	5.1 TITLE	a nice the	Change Addition
TITLE	D ALII TAIDAOU MAILIAM	Aprecia	5.2 NAME	Beter Wunter	L.
NAME	AULENBACH, WILLIAM		5.3 STREET ADDRESS	120 HIGHIAND PAR	<b>.</b>
STREET ADDRESS	102,0 002, 00.0		5.4 CITY - ST-ZIP	Peter Wunter PAR 120 Highland PAR CAMBRIDGE, ONTAR	40 N3H3H4
CITY-S1-ZIP TITLE	MADEIRA BCH FL	DELETE	6.1 TITLE	3-0-,	Change Addition
NAME	D SPEIGHT, RONALD	<b>—</b>	6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
2771 07 710	MICCIOCALICA ON		64 CITY-ST-ZIP		
14. I do here	by certify that the information supplied	with this filing is voluntarily furnis	shed and does not qua	lify for the exemption stated in Section 119	07(3)(k), Florida Statutes. I further
certify the	at the information indicated on this ann	ual report or supplemental annu pration or the receiver or trustee	ai report is true and ac- empowered to execute	curate and that my signature shall have the ethis report as required by Chapter 617, Fi	orida Statutes; and that my name
annears	in Block 12 or Block 13 it changed, or	on an attachment win an addre	SS.		

SIGNATURE: Pernon / hmin

ate Daytime Phone #

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