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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
13030 GULF BLVD
P O BOX 15658
MADEIRA BEACH FL 33708
US

Mailing Address
13030 GULF BLVD.
P O BOX 15658
MADEIRA BEACH FL 33708-2639
US

3. Date Incorporated or Qualified 12/10/1979
3a. Date of Last Report 04/18/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	CARBY, PATSY	
STREET ADDRESS	2901 SENECA PARK RD	
CITY-ST-ZIP	LOUISVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PAT GIGLIO	
STREET ADDRESS	10504 SAGO RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BROCK LANGLEY	
STREET ADDRESS	2030 HEADON FOREST DR	
CITY-ST-ZIP	BURLINGTON ON	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CIMINO, BERNARD	
STREET ADDRESS	2707 ESSEX DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETER HUNTER	
STREET ADDRESS	120 HIGHLAND PARK	
CITY-ST-ZIP	CAMBRIDGE ON	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPEIGHT, RONALD	
STREET ADDRESS	3226 BLOOMFIELD DR	
CITY-ST-ZIP	MISSISSAUGA ON	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VINCE VITLANO	
1.3 STREET ADDRESS	205 DAVIDS AVE	
1.4 CITY-ST-ZIP	HACKENSACK NJ 07601	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DON SMITH	
2.3 STREET ADDRESS	370 BROADEN AVE	
2.4 CITY-ST-ZIP	NEW MARKET ONTARIO L3Y 5B9 CANADA	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 change or on an attachment with an address.

SIGNATURE: Brock Langley REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0060465

CR2E037 (9/96)