

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90083 046 \*\*\*\*61.25

<b>DOCUMENT # 750125</b> 1. Entity Name <b>VILLA MADEIRA CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O ERDMAN PROP. MGMT., INC</b> <b>405 CENTRAL AVE., STE 111</b> <b>SAINT PETERSBURG, FL 33701</b> <b>US</b>		Mailing Address <b>C/O ERDMAN PROP. MGMT., INC</b> <b>405 CENTRAL AVE., STE 111</b> <b>SAINT PETERSBURG, FL 33701</b> <b>US</b>	
2. Principal Place of Business <b>7300 Park St</b> Suite, Apt. #, etc.		3. Mailing Address <b>7300 Park St</b> Suite, Apt. #, etc.	
4. State <b>FL</b> Zip <b>33777</b> Country <b>US</b>		5. FEI Number <b>59-2222487</b> Applied For <input type="checkbox"/> Not Applicable	
6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		7. Name and Address of New Registered Agent Name <b>Dorothy Thomas</b> S <b>40 Resource Property Mgmt</b> <b>7300 Park St.</b> City <b>Seminole</b> <b>FL</b> Zip <b>33777</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>Dorothy Thomas</b> <b>DOROTHY THOMAS</b> <b>3/26/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>		<b>10. OFFICERS AND DIRECTORS</b>	
TITLE <b>D</b> NAME <b>SMITH, RAY</b> STREET ADDRESS <b>68 MOORFIELDS CT</b> CITY-ST-ZIP <b>EAST AMHERST, NY 14051</b>	<input checked="" type="checkbox"/> Delete	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b> NAME <b>COLIN, ANTHONY</b> STREET ADDRESS <b>17418 RADCLIFFE PLACE DR</b> CITY-ST-ZIP <b>WILDWOOD, FL 63025</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VP</b> NAME <b>SMITH, RAY</b> STREET ADDRESS <b>68 MOORFIELDS CT</b> CITY-ST-ZIP <b>EAST AMHERST, NY 14051</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b> NAME <b>RINALDS, AMY</b> STREET ADDRESS <b>35 LYDIA RD</b> CITY-ST-ZIP <b>COVENTRY, RI 02816</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b> NAME <b>ANTHONY, COLIN</b> STREET ADDRESS <b>17418 RADCLIFFE PLACE DR</b> CITY-ST-ZIP <b>WILDWOOD, FL 63025</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T</b> NAME <b>MCNABYS, DANIEL</b> STREET ADDRESS <b>20-2903 RIVER CT</b> CITY-ST-ZIP <b>JERSEY CITY, NJ 07310</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>BACKER, DAVE</b> STREET ADDRESS <b>6275 BOOMER RD</b> CITY-ST-ZIP <b>CINCINNATI, OH 45247</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>CARBY, WILLIAM</b> STREET ADDRESS <b>2901 SENECA PARK RD</b> CITY-ST-ZIP <b>LOUISVILLE, KY 40205</b>	<input type="checkbox"/> Delete	TITLE <b>P</b> NAME <b>FINNEY, PHIL</b> STREET ADDRESS <b>C/O 2181 INDIAN ROCKS RD.S., #1</b> CITY-ST-ZIP <b>LARGO, FL 33774</b>	<input checked="" type="checkbox"/> Delete
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>Raymond Smith</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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