

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750125

FILED
Mar 24, 2006
Secretary of State

Entity Name: VILLA MADEIRA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7300 PARK ST
SEMINOLE, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

7300 PARK ST
SEMINOLE, FL 33777 US

New Mailing Address:

FEI Number: 59-2222487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, DOROTHY
%RESOURCE PROPERTY MGMT
7300 PARK ST.
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SMITH, RAY
Address: 68 MOORFIELDS CT
City-St-Zip: EAST AMHERST, NY 14051

Title: PD () Delete
Name: ANTHONY, COLIN
Address: PO BOX 2428 PMB 5768
City-St-Zip: PENSACOLA, FL 32513

Title: S () Delete
Name: RINALDI, AMY
Address: 35 LYDIA RD
City-St-Zip: COVENTRY, RI 02816

Title: T () Delete
Name: PALMER, WILLIAM
Address: 6001 23RD AVE N.
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: D () Delete
Name: CARBY, WILLIAM
Address: 2901 SENECA PARK RD
City-St-Zip: LOUISVILLE, KY 40205

Title: D () Delete
Name: BACKER, DAVE
Address: 5275 BOOMER RD
City-St-Zip: CINCINNATI, OH 45247

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLIN ANTHONY

PD

03/24/2006

Electronic Signature of Signing Officer or Director

Date