

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90012 021 ****61.25

DOCUMENT # N00000004643					
1. Entity Name AMADEUS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 145 104TH AVENUE TREASURE ISLAND, FL 33708			Mailing Address PO BOX 47068 SAINT PETERSBURG, FL 33743		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3660524	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELTON, RONALD 5444 PARK BLVD. #101 PINELLAS PARK, FL 33781			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME STEINER, JOHN STREET ADDRESS 145 104TH AVE. HOUSE CITY-ST-ZIP TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/> Delete		TITLE 3/T NAME Hilda MacDonald STREET ADDRESS 12368 Capri Circle N. CITY-ST-ZIP Treasure Island, FL 33706	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME POODWIN, RICHARD STREET ADDRESS 21 THISHEDALE RD CITY-ST-ZIP WAKEFIELD, MA 01880	<input type="checkbox"/> Delete		TITLE VP NAME Goodwin, Richard	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME NEILSON, JIM STREET ADDRESS 145 104TH AVE., HOUSE CITY-ST-ZIP TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete		TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/31/07 (727) 360-6536 <small>Daytime Phone #</small>		