

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01141**

1. Entity Name

**MADEIRA BEACH SEA ISLAND CONDOMINIUM ASSOCIATION
, INC.**

Principal Place of Business

**13620 GULF BLVD.
MADEIRA BEACH FL 33708**

Mailing Address

**13620 GULF BLVD.
MADEIRA BEACH FL 33708**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2377203

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHERZER, CHARLES M.
7405 AMERICA WAY
NEW PORT RICHEY FL 34654**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SCHERZER, CHARLES M.	
STREET ADDRESS	7405 AMERICA WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL	

TITLE	SD	<input type="checkbox"/> Delete
NAME	RIPP, PATRICIA A	
STREET ADDRESS	2717 OLD COACH ROAD	
CITY-ST-ZIP	GREEN BAY WI	

TITLE	VD	<input type="checkbox"/> Delete
NAME	STALL, EVELYN	
STREET ADDRESS	8025 SPOOKYHOLLOW ROAD	
CITY-ST-ZIP	CINCINNATI OH	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Charles M. Scherzer* **CHARLES SCHERZER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/02 **727 391-5877**

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)