

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90051 032 ****62.25

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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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2377203	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHERZER, CHARLES M. 7405 AMERICA WAY NEW PORT RICHEY, FL 34654			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	PTD	<input checked="" type="checkbox"/> Delete	TITLE	P-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHERZER, CHARLES M.		NAME	CARL A MINIERI	
STREET ADDRESS	7405 AMERICA WAY		STREET ADDRESS	29656 US Hwy 19, Suite 100	
CITY-ST-ZIP	NEW PORT RICHEY, FL		CITY-ST-ZIP	Clearwater FL 33761	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIPP, PATRICIA A		NAME	JOHN E HUDSON	
STREET ADDRESS	2717 OLD COACH ROAD		STREET ADDRESS	2108 River Crossing Blvd	
CITY-ST-ZIP	GREEN BAY, WI		CITY-ST-ZIP	New Port Richey FL 34655	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STALL, EVELYN		NAME		
STREET ADDRESS	8025 SPOOKYHOLLOW ROAD		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Carl A. Minieri</i> - <i>Pcos 4-16-04</i> <i>7277873111</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deline Page #</small>					
CARL A. MINIERI, PRESIDENT					