


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000010822

1. Entity Name
MADEIRA AT ISLANDS AT DORAL NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**123 NW 13TH STREET SUITE 300
 BOCA RATON, FL 33432**

Mailing Address
**123 NW 13TH STREET SUITE 300
 BOCA RATON, FL 33432**



05012006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1949604

Applied For
 Not Applicable

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

5. Name and Address of Current Registered Agent

**GAUDET, LYNNE
 123 NW 13TH STREET SUITE 300
 BOCA RATON, FL 33432**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000561794
 05/19/06-80027-023 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GAUDET, LYNNE 123 NW 13TH STREET SUITE 300 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST INGLESIAS, TOM 123 NW 13TH STREET SUITE 300 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ENGELSTEIN, HARRY 123 NW 13TH STREET SUITE 300 BOCA RATON, FL 33432
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: _____ **4-16-06** **800 624-3960**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #