

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011595

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** MADEIRA BONITA, INC.

**Current Principal Place of Business:**

90 144TH AVE  
#1  
MADEIRA BEACH, FL 33780

**New Principal Place of Business:**

**Current Mailing Address:**

5029 KINGSWOOD DR  
LAKELAND, FL 33813

**New Mailing Address:**

**FEI Number:** 20-2028903

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THRASHER, SARAH  
90 144 AVE  
#1  
MADEIRA BEACH, FL 33780 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:** PD  
**Name:** BARBARA, VISHIO  
**Address:** 90 144 AVE #4  
**City-St-Zip:** MADEIRA BEACH, FL 33780

**Title:** TD  
**Name:** THRASHER, SARAH  
**Address:** 5029 KINGSWOOD DR  
**City-St-Zip:** LAKELAND, FL 33813

**Title:** SD  
**Name:** THRASHER, SARAH  
**Address:** 5029 KINGSWOOD DR  
**City-St-Zip:** LAKELAND, FL 33813

**Title:** VP  
**Name:** KIMBERLY, CONIER-MOYLE  
**Address:** 90 144TH AVE #7  
**City-St-Zip:** MADEIRA BEACH, FL 33780

I hereby 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 all other like empowered.

**SIGNATURE:** SARAH THRASHER

S/T

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date