


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000009908</b>	
1. Entity Name <b>MADEIRA TOWNHOUSE CONDOMINIUM ASSOCIATION II, INC.</b>	

Principal Place of Business <b>ATRIUM MANAGEMENT COMPANY 115 INTERNATIONAL PARKWAY LAKE MARY, FL 32746</b>	Mailing Address <b>ATRIUM MANAGEMENT COMPANY P.O. BOX 950965 LAKE MARY, FL 32795-0965</b>
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01072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>ATRIUM MANAGEMENT COMPANY 115 INTERNATIONAL PARKWAY LAKE MARY, FL 32746</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2008**

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

000000778129  
01/10/08-80036-007 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABATEEDMUN, EDMUND 238 KRIDER RD SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KATZENBERG, STEVEN N 225 ART LANE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, FRANK 244 KRIDER RD SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRAY, DWIGHT 246 KRIDER RD SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Robert M. ...* **1-7-2008** **4075852721**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #