2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N05000009908

Entity Name: MADEIRA TOWNHOUSE CONDOMINIUM ASSOCIATION II, INC.

Current Principal Place of Business:

ATRIUM MANAGEMENT COMPANY
115 INTERNATIONAL PARKWAY
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

ATRIUM MANAGEMENT COMPANY
P.O. BOX 950965
LAKE MARY, FL 327950965

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATRIUM MANAGEMENT COMPANY
115 INTERNATIONAL PARKWAY
LAKE MARY, FL 32746 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: P ( ) Delete
Name: ABATEEDMUN, EDMUND
Address: 238 KRIDER RD
City-St-Zip: SANFORD, FL 32773

Title: ST ( ) Delete
Name: KATZENBERG, STEVEN N
Address: 225 ART LANE
City-St-Zip: SANFORD, FL 32773

Title: D ( ) Delete
Name: BAILEY, FRANK
Address: 244 KRIDER RD
City-St-Zip: SANFORD, FL 32773

Title: D ( ) Delete
Name: PRAY, DWIGHT
Address: 246 KRIDER RD
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RODGER A. MARTY RA 03/20/2009

Electronic Signature of Signing Officer or Director — Date