

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2008 8:00 am
Secretary of State

05-19-2008 90045 001 ***211.25

DOCUMENT # N07000004533																													
1. Entity Name MADEIRA PALMS BAY CLUB CONDOMINIUM ASSOCIATION, INC.																													
Principal Place of Business 5401 CENTRAL AVE. ST. PETERSBURG, FL 33710			Mailing Address 5401 CENTRAL AVE. ST. PETERSBURG, FL 33710																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number Applied For																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MCATEE, CAROL 5401 CENTRAL AVE. ST. PETERSBURG, FL 33710			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____																										
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 reinstating) DATE</small>																													
Filing Fee is \$61.25 Due by May 1, 2008		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																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 4/24/08 Daytime Phone #: 727-402-6669																									

66014452



01292008 Chg-NP CR2E037 (12/06)