


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N10008 1. Entity Name MADEIRA BAY CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 82762 OVERSEAS HWY ISLAMORADA, FL 33036	Mailing Address PO BOX 2053 ISLAMORADA, FL 33036
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01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0031272	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRIS, LISA
169 PLANTATION SHORES DRIVE
ISLAMORADA, FL 33036**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPILLIS, PETER 13632 DEERING BAY DR MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD WHITLAM, JOSEPH PO BOX 47 ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, WILLIAM PO BOX 68 ISLAMORADA, FL 33036
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/29/05-80022-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lisa Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05 305 8535781
Date Daytime Phone #