

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State



DOCUMENT # N21039

1. Entity Name

MACEDONIAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**C/O LOUIS STEPHENSON
2651 MICHAEL PLACE #101
DUNEDIN FL 34698**

**C/O LOUIS STEPHENSON
2651 MICHAEL PLACE #101
DUNEDIN FL 34698**



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

59-2661212

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOUIS STEPHENSON
2651 MICHAEL PLACE #101
DUNEDIN FL 34698**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rechartering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BECK, AILEN	
STREET ADDRESS	2651 MICHAEL PLACE #302	
CITY-STATE-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARSON, LEE	
STREET ADDRESS	2651 MICHAEL PLACE #301	
CITY-STATE-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	LONG, DORIS	
STREET ADDRESS	2651 MICHAEL PLACE #201	
CITY-STATE-ZIP	DUNEDIN FL 34698	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STEPHENSON, LOUIS	
STREET ADDRESS	2651 MICHAEL PL #101	
CITY-STATE-ZIP	DUNEDIN FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	DIMITRAKIS, JOHN 2651 MICH	
STREET ADDRESS	2651 MICHAEL PL #105	
CITY-STATE-ZIP	DUNEDIN FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MERANTE, JOHN	
STREET ADDRESS	2651 MICHAEL PLACE #106	
CITY-STATE-ZIP	DUNEDIN FL 34698	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000611002
02/02/07-80043-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

LOUIS STEPHENSON

1/19/07 727 1349790