2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 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

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01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2661212
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOUIS STEPHENSON
2651 MICHAEL PLACE #101
DUNEDIN, FL 34698

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

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BECK, AILLEN
STREET ADDRESS	2651 MICHALL PLACE #302
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	LARSON, LEE
STREET ADDRESS	2651 MICHALL PLACE #301
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	LONG, DORIS
STREET ADDRESS	2651 MICHAEL PLACE #201
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	ST
NAME	STEPHENSON, LOUIS
STREET ADDRESS	2651 MICHAEL PL #101
CITY-ST-ZIP	DUNEDIN, FL
TITLE	TS
NAME	DIMITRAKIS, JOHN 2651 MICH
STREET ADDRESS	2651 MICHAEL PL #105
CITY-ST-ZIP	DENEDIN, FL
TITLE	P
NAME	MERANTE, JOHN
STREET ADDRESS	2651 MICHALL PLACE #106
CITY-ST-ZIP	DUNEDIN, FL 34698

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02/12/08-80079-017 61.25

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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: Louis Stephenson 1/30/08 7734990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #