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**Feb 22, 1999 8:00 am**  
**Secretary of State**

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0056071

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N23712**

1. Corporation Name

**ARENA DE MADEIRA CONDOMINIUM, INC.**

Principal Place of Business

C/O PAREKH. COMMONS & CO.  
 2700 EAST BAY DR #107  
 LARGO FL 33771  
 US

Mailing Address

C/O PAREKH. COMMONS CO.  
 2700 EAST BAY DR #107  
 LARGO FL 33771  
 US



2. Principal Place of Business

21 **ARENA de MADEIRA**

Suite, Apt. #, etc.

22 **1410 GULF BLVD**

City & State

23 **MADEIRA BCH FL**

Zip

24 **33708**

Country

25 **US**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

**12/03/1987**

4. FEI Number

**59-2110732**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

**COMMONS, RICHARD C**  
**2700 EAST BAY DR**  
**SUITE 107**  
**LARGO FL 33771**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **PD SELBY, A**  
 STREET ADDRESS **202 INGLEWOOD DR**  
 CITY-ST-ZIP **FREDERICTON NB E3B2K**

TITLE  DELETE

NAME **VPD BATE, PAT**  
 STREET ADDRESS **231 BALLANTRAE LN**  
 CITY-ST-ZIP **HOUSTON TX 77015**

TITLE  DELETE

NAME **SD BATE, ROGER**  
 STREET ADDRESS **231 BALLANTRAE LN**  
 CITY-ST-ZIP **HOUSTON TX 77015**

TITLE  DELETE

NAME **TD WALKER, WAYNE**  
 STREET ADDRESS **4332 LITHIA SPRINGS RD**  
 CITY-ST-ZIP **LITHIA FL 77015**

TITLE  DELETE

NAME **D CARTER, STEPHEN**  
 STREET ADDRESS **202 INGLEWOOD DR**  
 CITY-ST-ZIP **FREDERICTON NB E3B2K**

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**E3B 2K6**

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**33547**

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**E3B 2K6**

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

*Wayne Walker*

**11/3/99**

**813-681-6552**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)