


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90180 016 ****61.25

DOCUMENT # N23712			
1. Entity Name ARENA DE MADEIRA CONDOMINIUM, INC.			
Principal Place of Business ARENA DE MADEIRA 14110 GULF BLVD. MADIERA BEACH, FL 33708 US		Mailing Address 300 S. DUNCAN AVE., STE 220B CLEARWATER, FL 33755 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent COMMONS, RICHARD C PA 300 S. DUNCAN AVE., STE 220B CLEARWATER, FL 33755		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BATE, PAT 231 BALLANTRAE LANE HOUSTON, TX 77015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bate, Pat 231 Ballantrae Lane Houston, TX 77015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, LYNN 520 MACDONALD ROAD OAKVILLE, ONTARIO, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Carter, Stephen 202 Inglewood Dr. Fredericton, New Brunswick E2B 2K6, Canada <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BATE, ROGER 231 BALLANTRAE LANE HOUSTON, TX 77015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bate, Roger 231 Ballantrae Lane Houston, TX 77015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWN, MARTIN 520 MACDONALD RD OAKVILLE, ONTARIO, CANADA, L6J 2B9 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Brown, martin 520 macdonald Road Oakville, Ontario Canada L6J 2B9 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARTER, STEPHEN 202 INGLEWOOD DRIVE FREDERICTON, NB, CA, E2B-K6 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bednar, Gene 3666 Menomonee River Pkwy Wauwatosa, WI 53222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, MARTIN 520 MCDONALD RD OAKVILLE, ON, CANADA, L6J-2B9 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or without other like empowered.			
SIGNATURE: <u>Gene Bednar</u>		Date: <u>FEB 28, 2005 (727)319-3081</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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4. FEI Number 59-2110732 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required