

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23712

FILED
Apr 23, 2009
Secretary of State

Entity Name: ARENA DE MADEIRA CONDOMINIUM, INC.

Current Principal Place of Business:

ARENA DE MADEIRA
14110 GULF BLVD.
MADIERA BEACH, FL 33708 US

New Principal Place of Business:

Current Mailing Address:

352 150TH AVE
SUITE E
MADEIRA BEACH, FL 33708 US

New Mailing Address:

PO BOX 86507
MADEIRA BEACH, FL 33738 US

FEI Number: 59-2110732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, JOYCE
352 150TH AVE
SUITE E
MADEIRA BEACH, FL 33708 US

Name and Address of New Registered Agent:

ADAMS, JOYCE
19535 GULF BLVD
SUITE E
INDIAN SHORES, FL 33785 US

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.

SIGNATURE:

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CLARK, ART
Address: 352 150TH AVE
City-St-Zip: MADEIRA BEACH, FL 33708

Title: T () Delete
Name: BATE, ROGER
Address: 352 150TH AVE
City-St-Zip: MADEIRA BEACH, FL 33708

Title: P () Delete
Name: BROWN, MARTIN
Address: 352 150TH AVE
City-St-Zip: MADEIRA BEACH, FL 33708

Title: VP () Delete
Name: BEDNAR, GENE
Address: 352 150TH AVE
City-St-Zip: MADEIRA BEACH, FL 33708

Title: S () Delete
Name: CARROLL, JOHN
Address: 352 150TH AVE
City-St-Zip: MADERIA BEACH, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE ADAMS

LCAM

04/23/2009

Electronic Signature of Signing Officer or Director

Date