

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90102 035 ****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
**C/O PAREKH. COMMONS CO.
2700 EAST BAY DR #107
LARGO FL 33771
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip **Country**

3. Mailing Address
300-S. Duncan Ave
Suite 220B
Clearwater FL
Zip 33755 **Country USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2110732** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**WHITE, GAIL
2902 W. BAY VILLA AVENUE
TAMPA FL 33611**

7. Name and Address of New Registered Agent
Name **Richard C. Commons, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
300 South Duncan Ave.
Suite 220B
City **Clearwater FL** Zip Code **33755**

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 *Richard C. Commons* DATE **3/11/03**

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

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BATE, PAT 231 BALLANTRAE LANE HOUSTON TX 77015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SABA, HUSSAIN 605 WARREN RD LUTZ FL 33555 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, LYNN 520 MACDONALD ROAD OAKVILLE, ONTARIO <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, GAIL 2902 W. BAY VILLA AVENUE TAMPA FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Arthur Clark 14110 Gulf Blvd # 301 Madiera Beach, FL 33708 <input type="checkbox"/> Change <input checked="" 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 all other like empowered.

SIGNATURE: *Gail M. White* **Gail M. White, President** **3-10-03**

CR2E037 (10/02)