2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005
Secretary of State

DOCUMENT# N44115

Entity Name: MATALEDO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6102-6104-6106 MATANZAS DRIVE
SEBRING, FL 33872

New Principal Place of Business:

Current Mailing Address:

302 CASCADE LANE
OSWEGO, IL 60543

New Mailing Address:

FEI Number: 65-0359104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STANSBURY, JAMES R
6106 MATANZAS DRIVE
SEBRING, FL 33872 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STANSBURY, JAMES R
Address: 6106 MATANZAS DRIVE
City-St-Zip: SEBRING, FL 33872

Title: D ( ) Delete
Name: DEGEER, MELISSA
Address: 6104 MATANZAS DRIVE
City-St-Zip: SEBRING, FL 33872

Title: D ( ) Delete
Name: HANEGRAAF, JOSEPH G
Address: 6102 MATANZAS DRIVE
City-St-Zip: SEBRING, FL 33872

Title: D ( ) Delete
Name: STANSBURY, SHARON L
Address: 6106 MATANZAS DRIVE
City-St-Zip: SEBRING, FL 33872

Title: D ( ) Delete
Name: DEGEER, TOM
Address: 6104 MATANZAS DRIVE
City-St-Zip: SEBRING, FL 33872

Title: D ( ) Delete
Name: HANEGRAAF, MARY E
Address: 6102 MATANZAS DR.
City-St-Zip: SEBRING, FL 33872

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES R. STANSBURY D 01/28/2005

Electronic Signature of Signing Officer or Director — Date