

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44115

FILED
Mar 27, 2006
Secretary of State

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
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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 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: JAMES R. STANSBURY

D

03/27/2006

Electronic Signature of Signing Officer or Director

Date