

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002501

FILED
Jan 29, 2009
Secretary of State

Entity Name: MADEIRA COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

399 150TH AVE., N.
SAINT PETERSBURG, FL 337082070

New Principal Place of Business:

Current Mailing Address:

C/O PBM
5901 SUIN BLVD SUITE 203
SAINT PETERSBURG, FL 33715

New Mailing Address:

FEI Number: 59-3465105 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PROFESSIONAL BAYWAY MANAGEMENT, INC
5901 SUN BLVD, STE 203
SAINT PETERSBURG, FL 33715 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: P () Delete
Name: ROELOFS, LARRY
Address: 5901 SUN BLVD SUITE 203
City-St-Zip: SAINT PETERSBURG, FL 337

Title: V () Delete
Name: LIPA, JOHN
Address: 5901 SUN BLVD SUITE 203
City-St-Zip: SAINT PETERSBURG, FL 337

Title: DS () Delete
Name: DONOVAN, BETH
Address: 5901 SUN BLVD SUITE 203
City-St-Zip: SAINT PETERSBURG, FL 337

Title: DT () Delete
Name: MILLER, GORDON
Address: 5901 SUN BLVD SUITE 203
City-St-Zip: SAINT PETERSBURG, FL 337

Title: D () Delete
Name: LANSHE, PETE
Address: 5901 SUN BLVD SUITE 203
City-St-Zip: SAINT PETERSBURG, FL 33715

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: D (X) Change () Addition
Name: SIDOR, PHIL
Address: 5901 SUN BLVD SUITE 203
City-St-Zip: SAINT PETERSBURG, FL 337

Title: DT (X) Change () Addition
Name: LANSHE, PETE
Address: 5901 SUN BLVD SUITE 203
City-St-Zip: SAINT PETERSBURG, FL 33715

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: WCN

RA

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date