

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002501

FILED  
Jan 13, 2012  
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  
970 LAKE CARILLON DR SUITE 102  
SAINT PETERSBURG, FL 33716

**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  
970 LAKE CARILLON DR  
102  
SAINT PETERSBURG, FL 33716 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  
Name: ROELOFS, LARRY  
Address: 970 LAKE CARILLON DR SUITE 102  
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: V  
Name: LIPA, JOHN  
Address: 970 LAKE CARILLON DR SUITE 102  
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: DS  
Name: AYRES, ED  
Address: 970 LAKE CARILLON DR SUITE 102  
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: D  
Name: SIDOR, PHIL  
Address: 970 LAKE CARILLON DR SUITE 102  
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: DT  
Name: LANSHE, PETE  
Address: 970 LAKE CARILLON DR SUITE 102  
City-St-Zip: SAINT PETERSBURG, FL 33716

I hereby 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 all other like empowered.

SIGNATURE: WCN

RA

01/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date