

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90017 005 \*\*\*\*61.25

**DOCUMENT # N98000005915**

1. Entity Name  
**MADEIRA DUNES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**13307 GULF LANE  
MADEIRA BEACH, FL 33708**

Mailing Address  
**13307 GULF LANE  
MADEIRA BEACH, FL 33708**

401111



05112007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3570647**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MEYER, JAMES  
13307 GULF LANE  
MADEIRA BEACH, FL 33708**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
MEYER, JAMES A  
13307 GULF LANE  
MADEIRA BEACH, FL 33708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
MURRAY, POLAIRE  
13307 GULF LANE  
MADEIRA BEACH, FL 33708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**~~ED~~  
~~BROPHY, DONALD R~~  
~~6022 BAYHAVEN DR~~  
~~SEMINOLE FL 33716~~**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(JAMES A. MEYER)**

**MAY 10, 2004 (127) 3942004**

Date

Daytime Phone #