
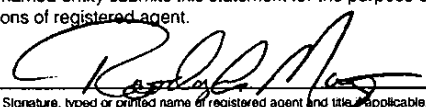
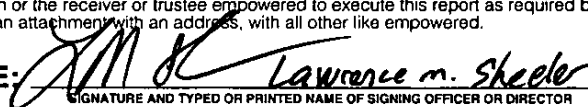


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90018 027 ****61.25

DOCUMENT # N03000010045 1. Entity Name MADISON CREEK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 385 DOUGLAS AVE STE 2000 ALTAMONTE SPRINGS, FL 32714				Mailing Address 385 DOUGLAS AVE STE 2000 ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business 910 Regency Professional Mgmt Suite, Apt. #, etc. 407 Wekiva Springs Rd Ste 205		3. Mailing Address 910 Regency Professional Mgmt Suite, Apt. #, etc. 407 Wekiva Springs Rd Ste 205			
City & State Longwood FL		City & State Longwood, FL		4. FEI Number 20-0448894	
Zip 32779		Country 32779		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CENTEX HOMES 385 DOUGLAS AVE STE 2000 ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent Name Regency Professional Mgmt Street Address (P.O. Box Number is Not Acceptable) 407 Wekiva Springs Rd, Ste 205 City Longwood	
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  <small>Signature, typed or printed name of registered agent and title, applicable.</small>		Rodger A Marty <small>(NOTE: Registered Agent signature required when reinstating)</small>		1-28-05 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHEELER, LAWRENCE M 385 DOUGLAS AVE STE 2000 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LUNDEQUAM, BRETT 385 DOUGLAS AVE STE 2000 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RIGGS, DEBRA 385 DOUGLAS AVE STE 2000 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  Lawrence M. Sheeler 2/1/05 407-838-9633 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					