2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007
Secretary of State

DOCUMENT# N03000010045

Entity Name: MADISON CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. ST RD. 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W. ST RD. 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-0448894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 SUITE 5000
LONGWOOD, FL 32779 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: DP ( ) Delete
Name: SHEELER, LAWRENCE M
Address: 385 DOUGLAS AVE STE 2000
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD ( ) Delete
Name: BONTRAGER, THOMAS K
Address: 385 DOUGLAS AVE STE 2000
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DS ( ) Delete
Name: RIGGS, DEBRA
Address: 385 DOUGLAS AVE STE 2000
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KING, SEAN
Address: 4318 COMET CT
City-St-Zip: OVIEDO, FL 32765

Title: VPD (X) Change ( ) Addition
Name: RUIZ, SANDRA
Address: 4309 COMET CT
City-St-Zip: OVIEDO, FL 32765

Title: SD (X) Change ( ) Addition
Name: PRINCE, NICOLE
Address: 1453 ARBITUS CIR
City-St-Zip: OVIEDO, FL 32765

Title: TD ( ) Change (X) Addition
Name: GRAHAM, ALISON
Address: 1367 ARBITUS CIR
City-St-Zip: OVIEDO, FL 32765

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: SEAN KING PD 04/05/2007

Electronic Signature of Signing Officer or Director — Date