

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 30, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90022 037 \*\*\*\*61.25

**DOCUMENT # N06000012045**

1. Entity Name  
**MADISON PLANTATION PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**9995 GATE PKWY NORTH  
 STE 400  
 JACKSONVILLE, FL 32246**

Mailing Address  
**9995 GATE PKWY NORTH  
 STE 400  
 JACKSONVILLE, FL 32246**

DDU13020



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03282008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**20-5932854**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HAYES, DEANNA  
 9995 GATE PKWY NORTH  
 STE 400  
 JACKSONVILLE, FL 32246**

7. Name and Address of New Registered Agent  
 Name **Curley, Charles R Jr**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1301 Riverplace Blvd**  
**Ste 1500**  
 City **Jacksonville** FL Zip Code **32207**

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  DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	THE ARCHER GROUP	9428 BAYMEADOWS ROAD SUITE 230	JACKSONVILLE, FL 32256	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE **4/28/08** DAYTIME PHONE # **904 990 8332**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR