

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

0048117

DOCUMENT # N99000002911

1. Entity Name

MADISON ESTATES HOMEOWNERS ASSOCIATION, INC.

05-27-2002 90486 014 ****61.25

Principal Place of Business

Mailing Address

% JAMES A. PILON. PRES.
 1000 TAMIAMI TRAIL N., SUITE 201
 NAPLES FL 34102

% JAMES A. PILON. PRES.
 1000 TAMIAMI TRAIL N., SUITE 201
 NAPLES FL 34102

BULL16253

c/o Judy Butler

c/o Judy Butler

2. Principal Place of Business

3. Mailing Address

34 Madison Drive

34 Madison Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Naples, Florida

City & State
Naples, Florida

4. FEI Number
59-3575897

Applied For
 Not Applicable

Zip
34110

Country

Zip
34110

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PILON, JAMES A
1000 TAMIAMI TRL
STE 201
NAPLES FL 34102

Name
Judy Butler

Street Address (P.O. Box Number is Not Acceptable)
34 Madison Drive

City
Naples, FL Zip Code
34110

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.

SIGNATURE *Judy Butler*

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

(NOTE: Registered Agent signature required when reinstating)

4/30/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORMAN, JAMES H 520 SUMMER RIDGE RD BOZEMAN MT 59715	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PILON, JAMES A 1000 TAMIAMI TRAIL NORTH, SUITE 201 NAPLES FL 34102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MORRIS, LINDA S 1000 TAMIAMI TRAIL NORTH, SUITE 201 NAPLES FL 34102	<input checked="" 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	PD JUDY BUTLER 34 MADISON DR. NAPLES, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NORMAN GENTRY 30 MADISON DR. NAPLES, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHN BLAINE 38 MADISON DR. NAPLES, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Judy Butler*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

DATE

(239) 597-5666

DAYTIME PHONE #

CR2E037 (9/01)