

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90440 048 ****61.25



DOCUMENT # N99000002911
 1. Entity Name
MADISON ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
 % JUDY BUTLER
 34 MADISON DRIVE
 NAPLES, FL 34110 US

Mailing Address
 % JUDY BUTLER
 34 MADISON DRIVE
 NAPLES, FL 34110 US

2. Principal Place of Business
 Suite, Apt. #, etc.
840 11th Ave N #9
 City & State
Naples Florida
 Zip
34108 Country
Collier

3. Mailing Address
 Suite, Apt. #, etc.
840 11th Ave N #9
 City & State
Naples Florida
 Zip
34108 Country
Collier



02192004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3575897 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BUTLER, JUDY
34 MADISON DRIVE
NAPLES, FL 34110

7. Name and Address of New Registered Agent
 Name **Paradise Property Management Group Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
840 11th Ave N. Suite 9
Naples, FL
 City Zip Code
34108

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 **Paradise Property Management by Cheryl Wines** DATE **04/24/04**
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, 2004**

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 | PD BUTLER, JUDY 34 MADISON DR NAPLES, FL 34110 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GENTRY, NORMAN 30 MADISON DR NAPLES, FL 34110 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BLAINE, JOHN 38 MADISON DR NAPLES, FL 34110 | <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 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pres. Norm Gentry 30 Madison Dr Naples, Florida 34108 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | U.D. Sandra Johnson 26 Madison Dr Naples, Florida 34108 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD Giammi Vitello 910 Vanderbilt Beach Rd # 414 Naples, Florida 34108 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Ad |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Ad |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Ad |

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 changed, or on an attachment with an address, with all other persons empowered.

Signature **[Signature]**, Resident Date **4/13/04** **239254**
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