


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90014 036 ****61.25

DOCUMENT # N99000002911

1. Entity Name
MADISON ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
C/O PARADISE PROPERTY MGMT
840 111TH AVE N #9
NAPLES, FL 34108 US

Mailing Address
C/O PARADISE PROPERTY MGMT
840 111TH AVE N #9
NAPLES, FL 34108 US



2. Principal Place of Business
Madison Estates HOA

3. Mailing Address
38 Madison Dr.

Suite, Apt. #, etc.
clo Jennifer Euler

Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Naples, FL

Zip
34110

Country
Collier

Zip
34110

Country
Collier

09032006 Chg-NP CR2E037 (4/06)

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

PIRRONE, BETH
25 MADISON DRIVE
NAPLES, FL 34110

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 Beth Pirrone Registered Agent / Pres. DATE 9/3/06

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 September 6, 2006

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	P	<input type="checkbox"/> Delete
NAME	PIRRONE, BETH	
STREET ADDRESS	25 MADISON DR	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SESLER, JENNIFER G	<u>CORRECT</u>
STREET ADDRESS	38 MADISON DR	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	S	<input type="checkbox"/> Delete
NAME	BIANCANIELLO, SILVANA	
STREET ADDRESS	33 MADISON DR	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer E. Euler	
STREET ADDRESS	38 Madison Dr.	
CITY-ST-ZIP	Naples, FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Beth Pirrone Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 9/3/06 239-682-8814

Date Daytime Phone #