


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000002911


1. Entity Name
MADISON ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **MADISON ESTATES HOA
 C/O JENNIFER EULER
 NAPLES, FL 34110 US**

Mailing Address: **38 MADISON DR
 NAPLES, FL 34110 US**

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01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3575897	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**PIRRONE, BETH
 25 MADISON DRIVE
 NAPLES, FL 34110**

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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 \$81.25
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIRRONE, BETH 25 MADISON DR NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EULER, JENNIFER E 38 MADISON DR NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BIANCANIELLO, SILVANA 33 MADISON DR NAPLES, FL 34110
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Jennifer Euler VP Date: 1/7/07 Daytime Phone #: 239 290-2349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR