


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 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
---	---

DO NOT WRITE IN THIS SPACE



01072008 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

6. Name and Address of Current Registered Agent

PIRRONE, BETH
 25 MADISON DRIVE
 NAPLES, FL 34110

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

U00000778156
 01/10/08-80036-023 61.25

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 Date: 1/7/08 (239) 596-5148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR