

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 12, 2009  
Secretary of State**

DOCUMENT# N99000002911

Entity Name: MADISON ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

MADISON ESTATES HOA  
C/O JENNIFER EULER  
NAPLES, FL 34110 US

**New Principal Place of Business:**

MADISON ESTATES HOA  
C/O JENNIFER EULER, 38 MADISON DR.  
NAPLES, FL 34110 US

**Current Mailing Address:**

38 MADISON DR  
NAPLES, FL 34110 US

**New Mailing Address:**

38 MADISON DRIVE  
NAPLES, FL 34110 US

FEI Number: 59-3575897      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PIRRONE, BETH  
25 MADISON DRIVE  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PIRRONE, BETH  
Address: 25 MADISON DR  
City-St-Zip: NAPLES, FL 34110

Title: VP ( ) Delete  
Name: EULER, JENNIFER E  
Address: 38 MADISON DR  
City-St-Zip: NAPLES, FL 34110

Title: S ( ) Delete  
Name: BIANCANIELLO, SILVANA  
Address: 33 MADISON DR  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER EULER

VP

01/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date