

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010045

**Entity Name:** MADISON CREEK HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 10, 2020**  
**Secretary of State**  
**0919017536CC**

**Current Principal Place of Business:**

1320 N SEMORAN BLVD  
SUITE 100  
ORLANDO, FL 32807

**Current Mailing Address:**

1320 N SEMORAN BLVD  
SUITE 100  
ORLANDO, FL 32807 US

**FEI Number:** 20-0448894

**Certificate of Status Desired:** No

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

TOWERS PROPERTY MANAGEMENT, INC.  
1320 N. SEMORAN BLVD., STE 100  
ORLANDO, FL 32807 US

*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:** BENJAMIN ISIP

03/10/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            KING, SEAN  
Address        1320 N SEMORAN BLVD STE 100  
City-State-Zip: ORLANDO FL 32807

Title            VP, DIRECTOR  
Name            RUIZ, SANDRA  
Address        1320 N SEMORAN BLVD STE 100  
City-State-Zip: ORLANDO FL 32807

Title            SECRETARY, TREASURER,  
                    DIRECTOR  
Name            WALSH, SARAH  
Address        1320 N SEMORAN BLVD STE 100  
City-State-Zip: ORLANDO FL 32807

Title            DIRECTOR  
Name            BOLTON, JON II  
Address        1320 N SEMORAN BLVD STE 100  
City-State-Zip: ORLANDO FL 32807

Title            DIRECTOR  
Name            THOMAS, JERRY  
Address        1320 N SEMORAN BLVD STE 100  
City-State-Zip: ORLANDO FL 32807

Title            DIRECTOR  
Name            RODRIGUEZ, BARTOLOME  
Address        1320 N SEMORAN BLVD STE 100  
City-State-Zip: ORLANDO FL 32807

*I hereby 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 all other like empowered.*

**SIGNATURE:** SEAN KING

**PRESIDENT**

03/10/2020

Electronic Signature of Signing Officer/Director Detail

Date