

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90022 017 \*\*\*\*61.25

**DOCUMENT # 756062**

1. Entity Name

MADISON MANOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

10191 W. SAMPLE ROAD  
SUITE 203  
CORAL SPRINGS FL 33065

Mailing Address

10191 W. SAMPLE ROAD  
SUITE 203  
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2229667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALDERAZZO, JAMES  
C/O J&L PROPERTY MGMT INC  
10191 W SAMPLE RD.  
CORAL SPRINGS Q FL 33065

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete  
NAME HAGER, SHERI  
STREET ADDRESS 2956 CORAL SPRING DR  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ Change ☒ Addition  
NAME Susan Boni  
STREET ADDRESS 2962 Coral Springs Dr.  
CITY-ST-ZIP Coral Springs, FL

TITLE ☒ VP ☐ Delete  
NAME HELLER, GINETTE Ginette  
STREET ADDRESS 2958 CORAL SPRINGS DR  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Change ☒ Addition  
NAME Barbara Heidenhain  
STREET ADDRESS 3018 Coral Springs Dr  
CITY-ST-ZIP Coral Springs, FL

TITLE VPD ☒ Delete  
NAME MISTROFF, ED  
STREET ADDRESS 3042 CORAL SPRINGS DR  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME CAMPBELL, SONIA  
STREET ADDRESS 2960 CORAL SPRING DR  
CITY-ST-ZIP CORAL SPRING FL

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME MESSICK, AMBER  
STREET ADDRESS 3020 CORAL SPRING DR  
CITY-ST-ZIP CORAL SPRING FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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 fee empowered.

SIGNATURE:

*[Handwritten Signature]*