4/17/01-90178-016-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002577

1. Entity Name

MADISON LAKES OF DAVIE HOMEOWNERS ASSOCIATION, I

FILED
01 SEP 24 AM 10:00
[redacted] OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
LAW OFFICES OF DANIEL G. GASS P.A. 10001 NW 50TH AVE., STE. 204 SUNRISE FL 33351	LAW OFFICES OF DANIEL G. GASS P.A. 10001 NW 50TH AVE., STE. 204 SUNRISE FL 33351

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: 65-1006238 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GASS, DANIEL G ESQ 10001 NW 50TH AVE., STE. 204 SUNRISE FL 33351	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.

SIGNATURE: [signature] 4/10/2001
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required for reinstatement.) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
PRES MICHAEL KIERKLD 1300 NW 76 AVE PLANTATION FL 33322		Director / Trustee	
MARK LANDAU 350 S OCEAN BLVD D BOCA RATON FL		Director Trustee	
D/T HARRIET KLEIN 1300 NW 76 AVE PLANTATION FL 33322		Director / Trustee	

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 9-7-01 4-11-2001
(Signature and Typed or Printed Name of Individual) Date Daytime Phone #