

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N00000002577**

1. Entity Name  
**MADISON LAKES OF DAVIE HOMEOWNERS ASSOCIATION, INC.**



FILED

04 OCT 18 PM 4: 19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

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

2. Principal Place of Business  
**5050 SW 82 AVE**

3. Mailing Address  
**5050 SW 82 AVE**

Suite, Apt. #, etc.  
**SITE**

Suite, Apt. #, etc.  
**SITE**

10132004 REIN-NP CR2E099 (6/04)

City & State  
**DAVIE FL**

City & State  
**DAVIE FL**

4. FEI Number  
**65-1006238**

Applied For  
☐ Not Applicable

Zip  
**33328**

Country  
**USA**

Zip  
**33328**

Country  
**USA**

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

**GASS, DANIEL G ESQ.  
10001 NW 50TH AVE., STE. 204  
SUNRISE, FL 33351**

Name  
**MICHAEL KLEIN**

Street Address (P.O. Box Number is Not Acceptable)  
**1300 NW 76 AVE**

City  
**PLANTATION**

State  
**FL**

Zip Code  
**33322**

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 *Michael Klein* **MICHAEL KLEIN** **10/15/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2005, Fee will be \$297.50**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT KLEIN, MICHAEL 1300 N.W. 76 AVE. PLANTATION, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100041937921</b> <b>10/18/04--01060--009 **236.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LANDAO, MARK 350 S OCEAN BLVD. BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KLEIN, HARRIET 1300 N.W. 76 AVE. PLANTATION, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael Klein* **MICHAEL KLEIN PRES** **10/15/04** **7542140878**

Signature and typed or printed name of signing officer or director Date Daytime Phone #