

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000002577**

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



Principal Place of Business

**5050 SW 82 AVE  
5TH FL  
DAVIE, FL 33328**

Mailing Address

**5050 SW 82 AVE  
5TH FL  
DAVIE, FL 33328**

**DO NOT WRITE IN THIS SPACE**



03152005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**65-1006238**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KLEIN, MICHAEL  
1300 NW 76 AVE  
PLANTATION, FL 33322**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	KLEIN, MICHAEL
STREET ADDRESS	1300 N.W. 76 AVE.
CITY - ST - ZIP	PLANTATION, FL 33322
TITLE	DT
NAME	LANDAO, MARK
STREET ADDRESS	350 S OCEAN BLVD.
CITY - ST - ZIP	BOCA RATON, FL
TITLE	DT
NAME	KLEIN, HARRIET
STREET ADDRESS	1300 N.W. 76 AVE.
CITY - ST - ZIP	PLANTATION, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/28/05-80047-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/05 954-577-9700