


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2006 8:00 am**  
**Secretary of State**

08-30-2006 90002 032 \*\*\*\*61.25

DOCUMENT # N00000002577	
1. Entity Name MADISON LAKES OF DAVIE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 8211 W. BROWARD BLVD. SUITE PH1 PLANTATION, FL 33324	Mailing Address 8211 W. BROWARD BLVD. SUITE PH1 PLANTATION, FL 33324
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2. Principal Place of Business 40 Goldman Juda <b>MARTIN</b> Suite, Apt. #, etc. 8211 W. BROWARD BLVD PH#1 City & State PLANTATION FL Zip 33324	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country US
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07192006 Chg-NP CR2E037 (4/06)

4. FEI Number 65-1006238	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KLEIN, MICHAEL 1300 NW 76 AVE PLANTATION, FL 33322	7. Name and Address of New Registered Agent Name FRANK WEINBERG + BLACK, PA Street Address (P.O. Box Number is Not Acceptable) 7805 NW 6th Court City PLANTATION FL Zip Code 33324
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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: FRANK WEINBERG + BLACK, PA. 7/19/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating) DATE

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SCOTT PERRON 5079 MADISON LAKES CIRCLE DAVIE, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LANDAO, MARK 350 S OCEAN BLVD. BOCA RATON, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D LINDA SANTORSKA 5095 MADISON LAKES CIRCLE DAVIE, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KLEIN, HARRIET 1300 N.W. 76 AVE. PLANTATION, FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D MARLEN REY 5190 MADISON LAKES CIRCLE DAVIE, FL 33328 <input type="checkbox"/> Change <input checked="" 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 exemptions contained in Chapter 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 like empowered.

SIGNATURE: Linda Santorska 7/19/06 954 6803687  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LINDA SANTORSKA

ATTACHMENT

20053919

# ~~V0000002577~~

ORIGINAL  
CHECK AND  
REPORT - LOST  
IN THE  
MAIL.