


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90430 029 ****61.25

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

Principal Place of Business C/O GOLDMAN JUDA & MARTIN 8211 WEST BROWARD BLVD PH 1 PLANTATION, FL 33324	Mailing Address 8211 W. BROWARD BLVD. SUITE PH1 PLANTATION, FL 33324
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40090146

2. Principal Place of Business - No P.O. Box # 40 Phoenix Management Suite 4800 N. State Rd 7 #105	3. Mailing Address 40 Phoenix Management Suite, Apt. #, etc. 4800 N. State Rd 7 Ste #105
City & State Lauderdale Lakes FL	City & State Lauderdale Lakes, FL
Zip 33319	Country US
Zip 33319	Country U.S.



04102007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-1006238		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FRANK, WEINBERG & BLACK, P.A. 7805 NW 6TH CT PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Katzman & Korr, P.A. Street Address (P.O. Box Number is Not Acceptable) 1501 NW 49 Street Suite 202 City Ft Lauderdale FL Zip Code 33309

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 **KATZMAN & KORR, P.A.** **4/13/07**
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, 2007	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	PD PERRON, SCOTT 5079 MADISON LAKES CIR EAST DAVIE, FL 33328 <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	SD SANTOSOLA, LINDA 5095 MADISON LAKES CIR EAST DAVIE, FL 33328 <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	TD REY, MARLEN 5190 MADISON LAKES CIR EAST DAVIE, FL 33328 <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 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 Santorsola** **LINDA SANTORSOLA** **4/13/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9546803687