

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002577

FILED
May 12, 2009
Secretary of State

Entity Name: MADISON LAKES OF DAVIE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O PHOENIX MANAGEMENT
4800 N. STATE RD 7 SUITE 105
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

C/O PHOENIX MANAGEMENT
4800 N. STATE RD 7 SUITE 105
LAUDERDALE LAKES, FL 33319

New Mailing Address:

FEI Number: 65-1006238 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CHERYL J. LEVIN, P.A.
COUNTYARD BUSINESS CENTER
4694 NW 103RD AVENUE
SUNRISE, FL 333517970 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANTORSOLA, LINDA
Address: 5095 MADISON LAKES CIR EAST
City-St-Zip: DAVIE, FL 33328

Title: TD () Delete
Name: REY, MARLEN
Address: 5190 MADISON LAKES CIR EAST
City-St-Zip: DAVIE, FL 33328

Title: VSD () Delete
Name: CRISTEA, MIORIKA
Address: 8125 S MADISON LAKES CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: KEITH, GOLDMAN
Address: 4999 MADISON LAKES
City-St-Zip: DAVIE, FL 33328

Title: D () Change (X) Addition
Name: JOHN, KADUBOSKI
Address: 5174 MADISON LAKES
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA SANTORSOLA

PD

05/12/2009

Electronic Signature of Signing Officer or Director

Date