


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90043 021 ****70.00

DOCUMENT # N00000004339	
1. Entity Name THE ESTATES AT MADISON GREEN ASSOCIATION, INC.	

Principal Place of Business C/O PHOENIX MGMT. 3082 JOE ROAD LAKE WORTH, FL 33467	Mailing Address P.O. BOX 212825 ROYAL PALM BEACH, FL 33421-2825 US
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Principal Place of Business 1853 WALDORF DRIVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01102008 Chg-NP CR2E037 (12/06)

City & State ROYAL PALM BEACH, FL	City & State
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4. FEI Number
65-1152806

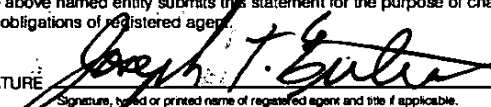
Applied For
☐ Not Applicable

Zip 33411	Country U.S.A.	Zip	Country
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
ROSENTHAL, DAVID PHOENIX MANAGEMENT 3082 JOE ROAD LAKE WORTH, FL 33467	

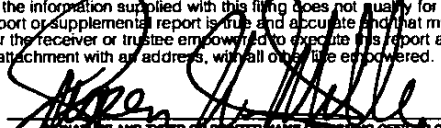
7. Name and Address of New Registered Agent	
Name JOSEPH EULIANO	
Street Address (P.O. Box Number is Not Acceptable) 1853 WALDORF DRIVE	
ROYAL PALM BEACH FL	Zip Code 33411

8. The above named entity submits the 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 	DATE 4/2/08

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25 Due by May 1, 2008	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	P EULIANO, JOE 1853 WALDORF DR ROYAL PALM BEACH, FL 33411 <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	ST MILLER, GREG 1851 WALDORF DR ROYAL PALM BEACH, FL 33441 <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	VP CESICH, RON 1843 WALDORF DR ROYAL PALM BEACH, FL 33441 <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 due care empowered.	
SIGNATURE: 	DATE 4/2/08 (561) 792-5431

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR