

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008322

FILED
Apr 25, 2007
Secretary of State

Entity Name: MADALYN COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1012 ARIANA BOULEVARD
SUITE A
AUBURNDALE, FL 33823

New Principal Place of Business:

2117 ARIANA BOULEVARD
AUBURNDALE, FL 33823

Current Mailing Address:

1012 ARIANA BOULEVARD
SUITE A
AUBURNDALE, FL 33823

New Mailing Address:

2117 ARIANA BOULEVARD
AUBURNDALE, FL 33823

FEI Number: 20-8645435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, DAVID J
1012 ARIANA BOULEVARD
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

WATSON, DAVID J
2117 ARIANA BOULEVARD
AUBURNDALE, FL 33823 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: DAVID J WATSON

04/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WATSON, DAVID J
Address: 2066 ARIANA BOULEVARD
City-St-Zip: AUBURNDALE, FL 33823

Title: TD () Delete
Name: LEFLER, GLEN A
Address: 714 SPRING FOREST COURT
City-St-Zip: APOPKA, FL 32712

Title: SD () Delete
Name: WATSON, BETTY L
Address: 2066 ARIANA BLVD.
City-St-Zip: AUBURNDALE, FL 33823

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:

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: DAVID J WATSON

PD

04/25/2007

Electronic Signature of Signing Officer or Director

Date