

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008322

FILED
Jul 02, 2009
Secretary of State

Entity Name: MADALYN COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

106 ILLINOIS AVE
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

106 ILLINOIS AVE
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 20-8645435 **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:

CHRISTOPHER, COX A
106 ILLINOIS
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

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: COX, CHRISTOPHER A
Address: 106 ILLINOIS AVE
City-St-Zip: AUBURNDALE, FL 33823

Title: TD () Delete
Name: COX, TRISHA M
Address: 106 ILLINOIS AVE
City-St-Zip: AUBURNDALE, FL 33823

Title: SD () Delete
Name: VICKERS, ERIC
Address: 136 MADALYN CT
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: COX, TRICIA M
Address: 106 ILLINOIS AVE
City-St-Zip: AUBURNDALE, FL 33823

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: TRICIA M. COX

TD

07/02/2009

Electronic Signature of Signing Officer or Director

Date