

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90177 050 ****61.25

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DOCUMENT # N01000000770 1. Entity Name PALM ESTATES AT MADISON GREEN ASSOCIATION, INC.																													
Principal Place of Business 6363 NW 6TH WAY SUITE 250 FT. LAUDERDALE, FL 33309				Mailing Address 6363 NW 6TH WAY SUITE 250 FT. LAUDERDALE, FL 33309																									
2. Principal Place of Business 40 Phoenix Hgmt. Suite, Apt. #, etc. 3082 Jog Road City & State Lake Worth, FL Zip 33467		3. Mailing Address 40 Phoenix Hgmt. Suite, Apt. #, etc. 3082 Jog Road City & State Lake Worth, FL Zip 33467		4. FEI Number 47-0870157 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 ROSENTHAL, DAVID A C/O PHOENIX MGT 3082 JOG ROAD LAKE WORTH, FL 33467																											
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating) DATE																									
Filing Fee is \$61.25 Due by May 1, 2005		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																									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: MARK WIEGAND / President 4/22/05 31 543 7518 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													