## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000000770

FILED May 02, 2006 Secretary of State

Entity Name: PALM ESTATES AT MADISON GREEN ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

C/O PHOENIX MGMT. C/O GABLES PROPERTY MANAGEMENT, INC. 3082 JOG ROAD 1495 NORTHPARK DRIVE

LAKE WORTH, FL 33467 WESTON, FL 33326

**Current Mailing Address:** 

C/O PHOENIX MGMT. C/O GABLES PROPERTY MANAGEMENT, INC.

3082 JOG ROAD 1495 NORTHPARK DRIVE LAKE WORTH, FL 33467 WESTON, FL 33326

FEI Number: 47-0870157 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

New Mailing Address:

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

ROSENTHAL, DAVID A KATZMAN & KORR, PA C/O PHOENIX MGT 1501 NW 49TH STREET 3082 JOG ROAD #202

LAKE WORTH, FL 33467 US FT. LAUDERDALE, FL 33309 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: FERREN KORR 05/02/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

WIEGAND, MARK WIEGAND, MARK Name: Name: 2622 ARBOR LANE Address: 1495 NORTHPARK DRIVE Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: WESTON, FL 33326

(X) Change ( ) Addition Title: STD () Delete Title:

ABBRUZZO, PHYLLIS Name: ABBRUZZO, PHYLLIS Name: Address: 2632 ARBOR LANE Address: 1495 NORTHPARK DRIVE City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: WESTON, FL 33326

Title: VD. () Delete Title: (X) Change ( ) Addition

FERRI, GILBERTO Name: FERRI, GILBERTO Name: 2620 ARBOR LANE 1495 NORTHPARK DRIVE Address: Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK WEIGAND PD 05/02/2006