

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000770

FILED  
Apr 19, 2007  
Secretary of State

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

**Current Principal Place of Business:**

C/O GABLES PROPERTY MANAGEMENT, INC.  
1495 NORTHPARK DRIVE  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GABLES PROPERTY MANAGEMENT, INC.  
1495 NORTHPARK DRIVE  
WESTON, FL 33326

**New Mailing Address:**

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

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

KATZMAN & KORR, PA  
1501 NW 49TH STREET  
#202  
FT. LAUDERDALE, FL 33309 US

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

BAKALAR & EICHNER, PA  
150 SOUTH PINE ISLAND ROAD  
#540  
PLANTATION, FL 33324 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: PAUL EICHNER      04/19/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WIEGAND, MARK  
Address: 1495 NORTHPARK DRIVE  
City-St-Zip: WESTON, FL 33326

Title: STD ( ) Delete  
Name: ABBRUZZO, PHYLLIS  
Address: 1495 NORTHPARK DRIVE  
City-St-Zip: WESTON, FL 33326

Title: VD ( ) Delete  
Name: FERRI, GILBERTO  
Address: 1495 NORTHPARK DRIVE  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LAURIE, FRED  
Address: 1495 NORTHPARK DRIVE  
City-St-Zip: WESTON, FL 33326

Title: VP (X) Change ( ) Addition  
Name: RADEMACHER, STEVE  
Address: 1495 NORTHPARK DRIVE  
City-St-Zip: WESTON, FL 33326

Title: S/T (X) Change ( ) Addition  
Name: DUELFER, DONNA  
Address: 1495 NORTHPARK DRIVE  
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: FRED LAURIE      PD      04/19/2007  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date