2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# N01000000770

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:

C/O CENTURY MANAGEMENT SERVICES, INC.
1495 NORTHPARK DRIVE
WESTON, FL 33326

Current Mailing Address:

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

New Mailing Address:

C/O CENTURY MANAGEMENT SERVICES, INC.
1495 NORTHPARK DRIVE
WESTON, FL 33326

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

Name and Address of Current Registered Agent:

BAKALAR & EICHNER, PA
150 SOUTH PINE ISLAND ROAD
#540
PLANTATION, FL 33324 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: LAURIE, FRED
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

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

Title: S/T ( ) Delete
Name: DUELFER, DONNA
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

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: FRED LAURIE P 04/24/2008

Electronic Signature of Signing Officer or Director — Date