

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000774

FILED
Apr 19, 2007
Secretary of State

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

Current Principal Place of Business:

C/O PHEONIX MGMT.
3082 JOG ROAD
LAKE WORTH, FL 33467

New Principal Place of Business:

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

Current Mailing Address:

C/O PHEONIX MGMT.
3082 JOG ROAD
LAKE WORTH, FL 33467

New Mailing Address:

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

FEI Number: 02-0584737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENTHAL, DAVID
C/O PHOENIX MGT
3082 JOG RD
LAKE WORTH, FL 33467 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: MCMANAMAN, MAXINE
Address: 2911 FONTANA LN
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VD () Delete
Name: WALLACH, NEIL
Address: 2933 EAST FONTANA CT.
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: STD () Delete
Name: NAYAR, SUNNY
Address: 2955 FONTANA PLACE
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: MCMANAMAN, MAXINE
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: S/T (X) Change () Addition
Name: NAYAR, SUNNY
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: NEIL WALLACH

PD

04/19/2007

Electronic Signature of Signing Officer or Director

Date