


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90061 022 \*\*\*\*61.25

<b>DOCUMENT # N01000004477</b> 1. Entity Name <b>MADDON COVE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>149 JAMES PLACE MAITLAND, FL 32751</b>			Mailing Address <b>149 JAMES PLACE MAITLAND, FL 32751</b>		
2. Principal Place of Business - No P.O. Box # <b>145 James Place</b>		3. Mailing Address <b>145 James Place</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Maitland FL</b>		City & State <b>Maitland FL</b>		4. FEI Number <b>55-0786247</b>	
Zip <b>32751</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>BURKEY, GARY L 149 JAMES PLACE MAITLAND, FL 32751</b>			7. Name and Address of New Registered Agent Name <b>Leslie Holloway</b> Street Address (P.O. Box Number is Not Acceptable) <b>145 James Place</b> City <b>Maitland</b> <b>FL</b> Zip Code <b>32751</b>		
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 <u><i>Leslie Holloway, President</i></u> <b>2/28/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURKEY, JULIE M</b> <b>149 JAMES PLACE</b> <b>MAITLAND, FL 32751</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>Robert W. Holloway</b> <b>145 James Place</b> <b>Maitland, FL 32751</b>
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOAN, DANIEL J</b> <b>137 JAMES PLACE</b> <b>MAITLAND, FL 32751</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>Leslie Holloway</b> <b>145 James Place</b> <b>Maitland, FL 32751</b>
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURKEY, GARY L</b> <b>149 JAMES PLACE</b> <b>MAITLAND, FL 32751</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Larry Schnaper</b> <b>135 James Place</b> <b>Maitland, FL 32751</b>
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u><i>Leslie Holloway</i></u> <b>2/28/07</b> <b>407-222-3048</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					