

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90033 008 ****61.25



DOCUMENT # N02000004983
 1. Entity Name
MADISON MEADOWS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
16979 OLD ROUTE 41 **16979 OLD ROUTE 41**
NAPLES FL 34110 **NAPLES FL 34110**



1st MOORE CR2E037 (10/05)

2. Principal Place of Business 3. Mailing Address
15 8th Street *15 8th Street*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite A *Suite A*

City & State City & State
Bonita Springs FL *Bonita Springs FLA*
 Zip Country Zip Country
34134 *USA* *34134* *USA*

4. FEI Number Applied For
NO-T APPLICABLE Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GOLDIE, JAMES M
16979 OLD ROUTE 41
NAPLES FL 34110

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
15 8th Street
Suite A
 City State Zip Code
Bonita Springs **FL** *34134*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDIE, JAMES M 16979 OLD ROUTE 41 NAPLES FL 34110	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MULLANEY, JOSEPH J 1 BLUEBILL AVE NAPLES FL 34108	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YURICK, JAMES M 1220 WESTGATE AT IMPERIAL NAPLES FL 34110	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>15 8th Street Suite A</i> <i>Bonita Springs FL 34134</i>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *James M Goldie* Date: *3/31/06* Daytime Phone #: *239 495 2004*