2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2003 8:00 am Secretary of State

DOCUMENT # NO200004983 1. Entity Name MADISON MEADOWS PROPERTY OWNERS ASSOCIATION, INC								04-23-2003	90243 01	16 ***	*61.25	
Principal Place of Business 16979 OLD ROUTE 41 NAPLES FL 34110			Mailing Address 16979 OLD ROUTE 41 NAPLES FL 34110				1				~ -	
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2. Principal Place of Business			3. Maiting Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
City & State			City & State				4. FEI Number				oplied For of Applicable	}
Zip	Zip Country		Zip		Country		5. Certificate of S	itatus Desired		.75 Ade]
<u> </u>	6. Name	and Address of Current	Registered .	Agent		T <u>-</u>	7. Name and Add	tress of Now Rec			-	1
				. = . · · ·	-	· Name* - ==-		·]-
GOLDIE, JAMES M 16979 OLD ROUTE 41						Street Address	(P.O. Box Number is	Not Acceptable)				1
NAPLES	FL 34110						-					1
	;					City			FL	Zip Cod	e	1
		y submits this statement fo	r the purpos	e of changing its	register	ed office or registe	red agent, or both, in	the State of Florid	la. I am famil	liar with,	and accept	1
the obliga	itions of regist	lered agent.			•							
SIGNATURE	<u> </u>					•						l
		or printed name of registered agent :	and title if applica	Ale (NOTE	Benistan	id Agent signature require	durkan selmetralank		DATE			
<u> </u>				. (1401)			when remaining)		DAIE]
ę	FILE NOW	/: FEE IS \$61.25		9. Election Carr Trust Fund C	paign F	inancing _	\$5.00 May Be Added to Fees		Check Pa			
ب 10.	· · · · · · · · · · · · · · · · · · ·	7: FEE IS \$61.25		9. Election Carr	paign F	Financing ion.	\$5.00 May Be	Florida	Check Pa	nt of S	State 	
F	PD	OFFICERS AND DIF		9. Election Carr	npaign F ontributi	Financing ion.	\$5.00 May Be Added to Fees	Florida	Check Pa Departme	nt of S	State 	(02)
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2. Thereby certify that the information supplied with this likes does not explire to the exemption stated in Section 119,07(3)(i). Florida Statutes. I further certify that the information indicated on this report or exemption in the exemption of the corporation or the receiver of trustee endowered to execute and that my name appears in Block 10 or Block 11 in the corporation or the receiver of trustee endowered to execute as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation of

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/17/03

566 (30)

Daytime Phone #