

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90018 025 ****61.25

DOCUMENT # N03000010049					
1. Entity Name MADISON PLACE TOWNHOME OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O CENTEX HOMES 385 DOUGLAS AVE., SUITE 2000 ALTAMONTE SPRINGS, FL 32714			Mailing Address C/O CENTEX HOMES 385 DOUGLAS AVE., SUITE 2000 ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business 90 Regency Professional Mgmt Suite, Apt. #, etc. 407 Wekiva Springs Rd Ste 205 City & State Longwood FL Zip 32779		3. Mailing Address 90 Regency Professional Mgmt Suite, Apt. #, etc. 407 Wekiva Springs Rd Ste 205 City & State Longwood FL Zip 32779			
01242005 Chg-NP CR2E037 (10/03)		4. FEI Number 20-0448861		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CENTEX HOMES 385 DOUGLAS AVENUE SUITE 2000 ALTAMONTE SPRINGS, FL 32714	
7. Name and Address of New Registered Agent Name Regency-Professional-Mgmt Street Address (P.O. Box Number is Not Acceptable) 407 Wekiva Springs Rd Ste 205 City Longwood FL Zip Code 32779				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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> Rodger A. Marty President, Regency Prof. Mgt </div> <div style="width: 20%; text-align: right;"> 1-28-05 <small>DATE</small> </div> </div>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEELER, LAWRENCE M 385 DOUGLAS AVENUE, SUITE 2000 ALTAMONTE SPRINGS, FL 32714	<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	VTD LUNDEQUAM, BRETT 385 DOUGLAS AVENUE, SUITE 2000 ALTAMONTE SPRINGS, FL 32714	<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	SD RIGGS, DEBRA 385 DOUGLAS AVENUE, SUITE 2000 ALTAMONTE SPRINGS, FL 32714	<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	
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 exemption stated in Section 119.07(3)(i), 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/1/05 407-838-4633 <small>Date Daytime Phone #</small>		