

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010049

FILED  
Mar 09, 2006  
Secretary of State

Entity Name: MADISON PLACE TOWNHOME OWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

2180 W. ST RD. 434  
SUITE 5000  
LONGWOOD, FL 327795044

## New Principal Place of Business:

## Current Mailing Address:

2180 W. ST RD. 434  
SUITE 5000  
LONGWOOD, FL 327795044

## New Mailing Address:

FEI Number: 20-0448861

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REGENCY PROFESSIONAL MGMT  
407 WEKIVA SPRINGS RD  
SUITE 205  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 W SR 434 SUITE 5000  
LONGWOOD, FL 32779 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: JAMES W HART JR

03/09/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SHEELER, LAWRENCE M  
Address: 385 DOUGLAS AVENUE, SUITE 2000  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VTD ( ) Delete  
Name: LUNDEQUAM, BRETT  
Address: 385 DOUGLAS AVENUE, SUITE 2000  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD ( ) Delete  
Name: RIGGS, DEBRA  
Address: 385 DOUGLAS AVENUE, SUITE 2000  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HAMANN, ED  
Address: 4481 OXEN HILL LP  
City-St-Zip: OVIEDO, FL 32765

Title: VPD (X) Change ( ) Addition  
Name: CLARK, SAM  
Address: 1518 TALLY CIR  
City-St-Zip: OVIEDO, FL 32765

Title: SD (X) Change ( ) Addition  
Name: HOCKING, KATHY  
Address: 4534 OXEN HILL LP  
City-St-Zip: OVIEDO, FL 32765

Title: TD ( ) Change (X) Addition  
Name: REGENSTEIN, JOE  
Address: 1570 TALLY CIR  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Change (X) Addition  
Name: MONTGOMERY, MARY J  
Address: 1523 TALLY CIR  
City-St-Zip: OVIEDO, FL 32765

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: ED HAMANN

PD

03/09/2006

Electronic Signature of Signing Officer or Director

Date