2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# N03000010049

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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

Title: SD ( ) Delete
Name: HOCKING, KATHY
Address: 4529 OXEN HILL LP
City-St-Zip: OVIEDO, FL 32765

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

Title: TSD (X) Change ( ) Addition
Name: HOCKING, KATHY
Address: 4529 OXEN HILL LP
City-St-Zip: OVIEDO, FL 32765

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify 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: SAM CLARK PD 04/11/2008

Electronic Signature of Signing Officer or Director — Date