

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010183

FILED
Jan 15, 2008
Secretary of State

Entity Name: MADISON HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4040 W. WATERS AVE
SUITE 1600
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 270756
TAMPA, FL 33688 US

New Mailing Address:

FEI Number: 20-2963676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TANG, QUANG C
4040 W. WATERS AVE
SUITE 1600
TAMPA, FL 33614 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: P () Delete
Name: SMITH, SCOTT
Address: 11220 MADISON PARK DR
City-St-Zip: TAMPA, FL 33625 US

Title: VP () Delete
Name: TRAN, TUAN M
Address: 11233 MADISON PARK DR
City-St-Zip: TAMPA, FL 33625 US

Title: S () Delete
Name: TANG, QUANG C
Address: P.O.BOX 270756
City-St-Zip: TAMPA, FL 33688 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: QUANG C TANG

S

01/15/2008

Electronic Signature of Signing Officer or Director

Date