

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000010304

1. Entity Name  
THE MADISON AT SOHO CONDOMINIUM ASSOCIATION, INC.



FILED

08 APR 23 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
501 S MOODY  
TAMPA, FL 33609

Mailing Address  
4131 GUNN HWY  
TAMPA, FL 33618

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
20-1834371

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~AMBLER, KEVIN C ESQ.~~  
~~LAW OFFICES OF KEVIN C AMBLER PA~~  
~~400 NORTH TAMPA STREET, STE 1100~~  
~~TAMPA, FL 33602~~

7. Name and Address of New Registered Agent

Name Courtenay S. Terrell  
Gardner Law Group  
101 South Franklin Street, Suite 101  
Tampa, FL 33602

FL Zip Code

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.

SIGNATURE

Courtenay S. Terrell

7 APR 08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME BROWN, JAIME  
STREET ADDRESS 504 S. ARMENIA AVE, #1329C  
CITY-ST-ZIP TAMPA, FL 33609

TITLE S ☐ Delete  
NAME MOISER, CECIL  
STREET ADDRESS 504 ARMENIA AVE, #1317  
CITY-ST-ZIP TAMPA, FL 33609

TITLE VPT ☐ Delete  
NAME DELUCANEY, NEIL T  
STREET ADDRESS 7015 HOWARD AVE, 106-395  
CITY-ST-ZIP TAMPA, FL 336062473

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

05/07/08-01042-020 \*\$61.25 ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Jaime Brown President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08 941-320-7046

Date

Daytime Phone #