

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010304

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

501 S MOODY
TAMPA, FL 33609

New Principal Place of Business:

4131 GUNN HWY
TAMPA, FL 33618

Current Mailing Address:

4131 GUNN HWY
TAMPA, FL 33618

New Mailing Address:

FEI Number: 20-1834371 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TERRELL, COURTENAY
GARDNER LAW GROUP
101 SOUTH FRANKLIN STREET, STE. 101
TAMPA, FL 33602 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: BROWN, JAIME
Address: 504 S. ARMENIA AVE, #1329C
City-St-Zip: TAMPA, FL 33609

Title: S () Delete
Name: MOISER, CECIL
Address: 504 ARMENIA AVE, #1317
City-St-Zip: TAMPA, FL 33609

Title: VPT () Delete
Name: DELUCANEY, NEIL T
Address: 7015 HOWARD AVE, 106-395
City-St-Zip: TAMPA, FL 336062473

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BLACKSTONE, A.J.
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: S (X) Change () Addition
Name: BROCK, ANGELA
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: VPT (X) Change () Addition
Name: DELUCANEY, NEIL T
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: T () Change (X) Addition
Name: HAMBEY, MIKE
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: D () Change (X) Addition
Name: RAHMAN, STEVE
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

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: A.J. BLACKSTONE

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date