2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000210

FILED Apr 15, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2313 HORATION ST 4131 GUNN HWY TAMPA, FL 33609 TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

4131 GUNN HWY TAMPA, FL 33618

FEI Number: 20-2186815 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TERRELL, COURTENAY S GARDNER LAW GROUP 101 SOUTH FRANKLIN STREET, STE. 101 TAMPA, FL 33602 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete GORSEN, MICHAEL H GORSEN, MICHAEL H Name: Name:

2331 W HORATIO ST #633 Address: 4131 GUNN HWY Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33618

Title: () Delete Title: (X) Change () Addition VERNON, JUNE Name: Name: VERNON, JUNE

Address: 410 SOUTH ARMENIA SUITE 918 Address: 4131 GUNN HWY City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33618

Title: () Delete Title: (X) Change () Addition

SERAFINE, JOHN Name: SERAFINE, JOHN Name: 402 SOUTH ARMENIA SUITE 139B 4131 GUNN HWY Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33618

Title: () Delete Title: (X) Change () Addition

SOONG, WARREN Name: VERNON, JUNE Name: 410 SOUTH ARMENIA, SUITE 918 Address: Address: 4131 GUNN HWY City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33618

Title: VPT (X) Delete Title: () Change () Addition

SERAFINE, JOHN Name: Name: 402 SOUTH ARMENIA, SUITE 139B Address: Address: City-St-Zip: TAMPA, FL 33609 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: VERNON JUNE PD 04/15/2009