

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90028 017 ****61.25



DOCUMENT # N05000002919
 1. Entity Name
MADISON CAY TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1415 N. ATLANTIC AVE 1415 N. ATLANTIC AVE
COCOA BEACH FL 32931 COCOA BEACH FL 32931



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

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
MAJEAU, MARILYN
8516 ABACO CT
CAPE CANAVERAL FL 32920

4. FEI Number **59-3838214** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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 *Marilyn A. Majeau* DATE **4-28-08**

FILE NOW: FEE IS \$61.25 Due By May 1, 2008
 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	VTD	<input type="checkbox"/> Delete
NAME	CHEMERYS, JAMES	
STREET ADDRESS	425 BUCHANAN AVE #407	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BETTON, MARY	
STREET ADDRESS	8516 ABACO CT	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BETTON, MARY	
STREET ADDRESS	8546 ABACO	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAJDYCHIK, RICHARD	
STREET ADDRESS	127 EAST 7TH	
CITY-ST-ZIP	NEW YORK NY 10009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BALAIS-PORRAS, DAISY	
STREET ADDRESS	127 EAST ABARO CT	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Majeau, Marilyn	
STREET ADDRESS	8516 Abaco Ct.	
CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: *Marilyn A. Majeau* Marilyn Majeau 4-28-08