

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002919

FILED
Mar 24, 2009
Secretary of State

Entity Name: MADISON CAY TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1415 N. ATLANTIC AVE
COCOA BEACH, FL 32931

New Principal Place of Business:

ELBOW KEY CT./ABACO CT.
CAPE CANAVERAL, FL 32920

Current Mailing Address:

1415 N. ATLANTIC AVE
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 59-3838214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAJEAU, MARILYN
8516 ABACO CT
CAPE CANAVERAL, FL 32920 US

Name and Address of New Registered Agent:

CHINAPPI, PATRICIA
8525 ELBOW KEY CT
CAPE CANAVERAL, FL 32920 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: PATRICIA CHINAPPI

03/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VTD () Delete
Name: CHEMERYS, JAMES
Address: 425 BUCHANAN AVE #407
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: PD (X) Delete
Name: MAJEAU, MARILYN
Address: 8516 ABACO CT.
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D (X) Delete
Name: HAJDYCHIK, RICHARD
Address: 127 EAST 7TH
City-St-Zip: NEW YORK, NY 10009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: CHINAPPI, PATRICIA
Address: 8525 ELBOW KEY CT.
City-St-Zip: CAPE CANAVERAL, FL 32920

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: PATRICIA CHINAPPI

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date