2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 8:00 am Secretary of State

DOCUMENT # N0600003598 1. Entity Name MADISON PARK OF COMMERCE PROPERTY OWNERS ASSOCIATION, INC.						04-27-2007	90232 0	02 ****61	.25		
Principal Place of Business 9625 WES KEARNEY WAY RIVERVIEW, FL 33569			Mailing Address 9625 WES KEARNEY WAY RIVERVIEW, FL 33569					n			
	lace of Business - No P.O. Box # DANNE KEARNEY BLVD.	1	ng Address .5 JOANNE K	EARNEY	BLVD.						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03162007	Chg-NP	CR2E0	37 (12/06)			
City & State TAMPA, FL.		City	City & State TAMPA, FL.			4. FEI Numbe	20-5318648	3	- 	plied For t Applicable	
Zip 33619	Country USA	Zip 33	1619	Country USA		5. Certificate	of Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current	Registere	d Agent	Name		7. Name and	Address of New	Registered	Agent		
VALENTE,											
9625 WES KEARNEY WAY RIVERVIEW, FL 33569				Street 511	Street Address (P.O. Box Number is Not Acceptable) 5115 JOANNE KEARNEY BLVD.						
				City		TAMPA		FL	Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or					or registe		h, in the State of F		- 133619 familiar with,		
the obligat	ions of registered agent.		~		_						
SIGNATURE .	FRANK M. YAVE Signature, typed or printed name of registered agent		licable. (NOTE:	Registered Agent sign	nature required	d when reinstating)	4	[Q]U DATE	ר		
SIGNATURE .	-		9. Election Camp Trust Fund Co	paign Financing		\$5.00 May B Added to Fees	e l	DATE Make checorida Depa	k payable to	tate	
10.	Signature, typed or printed name of registered agent. Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	and title if appl	9. Election Camp Trust Fund Co	paign Financing ntribution.		\$5.00 May B Added to Fees	e	DATE Make checorida Depa	k payable to	tate	
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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 cath; 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.

4/9/07 813.9668149 FRANK MYSIENTE SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR