
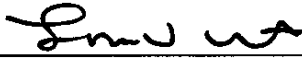



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-27-2007 90232 002 ****61.25

DOCUMENT # N06000003598			
1. Entity Name MADISON PARK OF COMMERCE PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 9625 WES KEARNEY WAY RIVERVIEW, FL 33569		Mailing Address 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	
2. Principal Place of Business - No P.O. Box # 5115 JOANNE KEARNEY BLVD.		3. Mailing Address 5115 JOANNE KEARNEY BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL.		City & State TAMPA, FL.	
Zip 33619		Country USA	
Country USA		Zip 33619	
Country USA		Country USA	
6. Name and Address of Current Registered Agent VALENTE, FRANK 9625 WES KEARNEY WAY RIVERVIEW, FL 33569		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5115 JOANNE KEARNEY BLVD. City TAMPA FL Zip Code 33619	
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 <u>FRANK M. VALENTE</u> 		DATE <u>4/9/07</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEARNEY, BING JR 9225 WES KEARNEY WAY RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5115 JOANNE KEARNEY BLVD. TAMPA FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, TRACY J JR. 9625 WES KEARNEY WAY RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5115 JOANNE KEARNEY BLVD. TAMPA FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEEGER, BRIAN 9625 WES KEARNEY WAY RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5115 JOANNE KEARNEY BLVD. TAMPA FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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 empowered.			
SIGNATURE: <u>FRANK M. VALENTE</u> 		DATE <u>4/9/07</u> DAYTIME PHONE # <u>813.966.8149</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	