

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004137

FILED
Feb 12, 2009
Secretary of State

Entity Name: MADISON FARMS HOA, INC.

Current Principal Place of Business:

4400 NW 19TH AVENUE, SUITE K
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

4400 NW 19TH AVENUE, SUITE K
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSEN, MARCEL
4400 NW 19TH AVENUE, SUITE K
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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:

Title: DPT () Delete
Name: ROSEN, MARCEL
Address: 4400 NW 19TH AVENUE, SUITE K
City-St-Zip: POMPANO BEACH, FL 33064

Title: DVPS () Delete
Name: ROSEN, JANICE
Address: 4400 NW 19TH AVENUE, SUITE K
City-St-Zip: POMPANO BEACH, FL 33064

Title: VP () Delete
Name: NIGHTINGALE, SHAWN
Address: 4400 NW 19TH AVENUE, SUITE K
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARCEL ROSEN

DPT

02/12/2009

Electronic Signature of Signing Officer or Director

Date