

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011626

FILED
Sep 01, 2009
Secretary of State

Entity Name: MADISON OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

220 CALIBRE DOWNS LANE
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

220 CALIBRE DOWNS LANE
PALM HARBOR, FL 34684

New Mailing Address:

1136 EAST DONEGAN
KISSIMMEE, FL 34744

FEI Number: 20-8661504 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

CENTRAL ASSOCIATION MANAGEMENT, LLC
1136 EAST DONEGAN AVENUE
KISSIMMEE, FL 34744 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: FRAYDA R. MORRIS

09/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHIRKEN, BRIAN
Address: 220 CALIRE DOWNS LANE
City-St-Zip: PALM HARBOR, FL 34684

Title: ST () Delete
Name: NIELSEN, TANYA
Address: 220 CALIBRE DOWNS LANE
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: COOK, ROBERT
Address: 220 CALIBRE DOWNS LANE
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MATHEW, BALLINGER
Address: 1136 EAST DONEGAN AVENUE
City-St-Zip: KISSIMMEE, FL 34744

Title: ST (X) Change () Addition
Name: PARILLO, BOBBY
Address: 1136 EAST DONEGAN AVENUE
City-St-Zip: KISSIMMEE, FL 34744

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: BOBBY PARILLO

ST

09/01/2009

Electronic Signature of Signing Officer or Director

Date