2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N07000009734

Entity Name: MADISON PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5508-B NORTH W STREET
PENSACOLA, FL 32505

New Principal Place of Business:

4400 BAYOU BLVD
35
PENSACOLA, FL 32503

Current Mailing Address:

5508-B NORTH W STREET
PENSACOLA, FL 32505

New Mailing Address:

4400 BAYOU BLVD
35
PENSACOLA, FL 32503

FEI Number: **FEI Number Applied For (X)** **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:

MORRIS, GAIL
5508-B NORTH W STREET
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

LONGWELL, TINA
4400 BAYOU BLVD
35
PENSACOLA, FL 32503 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: TINA LONGWELL 05/01/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MORRIS, GAIL
Address: 5508-B NORTH W STREET
City-St-Zip: PENSACOLA, FL 32505

Title: DV ( ) Delete
Name: BARNES, DAVE
Address: 5508-B NORTH W STREET
City-St-Zip: PENSACOLA, FL 32505

Title: DST ( ) Delete
Name: HOWLE, JANINE
Address: 5508-B NORTH W STREET
City-St-Zip: PENSACOLA, FL 32505

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: GAIL MORRIS DP 05/01/2008
Electronic Signature of Signing Officer or Director Date