

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N07255	
1. Entity Name MADISON CIRCLE CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business 3191 CORAL WAY STE 300 MIAMI, FL 33145	Mailing Address 3191 CORAL WAY STE 300 MIAMI, FL 33145
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04222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1026396	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAUSER, JAMES A 3191 CORAL WAY #405 MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FORTE, JOHN 1000 WEST AVENUE, EXECUTIVE OFFICES MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD RESTREPO-FORTE, MARIA D 1000 WEST AVENUE, EXECUTIVE OFFICES MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD HAUSER, JAMES A 3191 CORAL WAY, #405 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/26/05-80069-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: (John Forte) 4/21/2005 (305) 445 5511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #