

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-23-2008 90023 048 \*\*\*\*61.25  
N95000002352


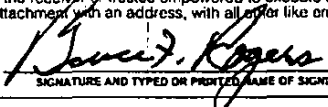
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04162008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N95000002352</b>			
1. Entity Name <b>MADISON SQUARE OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business 4400 NW 36TH AVE GAINESVILLE, FL 32606 US		Mailing Address 4400 NW 36TH AVE GAINESVILLE, FL 32606 US	
2. Principal Place of Business - No P.O. Box # <b>500 NW 43rd Street</b>		3. Mailing Address <b>500 NW 43rd Street</b>	
Suite, Apt. #, etc. <b>Suite 3</b>		Suite, Apt. #, etc. <b>Suite 3</b>	
City & State <b>Gainesville FL</b>		City & State <b>Gainesville FL</b>	
Zip <b>32607</b>	Country <b>USA</b>	Zip <b>32607</b>	Country <b>USA</b>
4. FEI Number <b>59-3353742</b>		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 <b>TRIPPE, PAT 4400 NW 36TH AVE GAINESVILLE, FL 32606</b>		7. Name and Address of New Registered Agent <b>Cornerstone Property Solutions of N. Central FL 500 NW 43rd Street Suite 3 Gainesville FL 32607</b>	
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  DATE <b>4/16/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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	<b>PD ROGERS, BRUCE 113 NW 48 BLVD. GAINESVILLE, FL 32607</b> <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	<b>S BENKEN, TOM 91 NW 48 BLVD. GAINESVILLE, FL 32607</b> <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	<b>TP GETLENSKI, MATTHEW 117 NW 48 BLVD. GAINESVILLE, FL 32607</b> <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	<b>D MCGREGOR, MALCOLM 105 NW 48 BLVD. GAINESVILLE, FL 32607</b> <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	<b>BT EMESON, DONALD JR 145 NW 48 BLVD. GAINESVILLE, FL 32607</b> <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: 		DATE: <b>4/16/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	