

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002352

FILED
Apr 07, 2009
Secretary of State

Entity Name: MADISON SQUARE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

500 NW 43RD STREET
SUITE 3
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

500 NW 43RD STREET
SUITE 3
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-3353742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTNERSTONE PROP. SOLUTIONS OF N.CTR. FL
500 NW 43RD STREET
SUITE 3
GAINESVILLE, FL 32607 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: D () Delete
Name: ROGERS, BRUCE
Address: 113 NW 48 BLVD.
City-St-Zip: GAINESVILLE, FL 32607

Title: S () Delete
Name: BENKEN, TOM
Address: 91 NW 48 BLVD.
City-St-Zip: GAINESVILLE, FL 32607

Title: P () Delete
Name: CETLINSKI, MATTHEW
Address: 117 NW 48 BLVD.
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: MCGREGOR, MALCOLM
Address: 105 NW 48 BLVD.
City-St-Zip: GAINESVILLE, FL 32607

Title: T () Delete
Name: EMESON, DONALD JR
Address: 145 NW 48 BLVD.
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROGERS, BRUCE
Address: 113 NW 48TH BLVD.
City-St-Zip: GAINESVILLE, FL 32607

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

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

Title: T (X) Change () Addition
Name: MCGREGOR, MALCOLM
Address: 105 NW 48 BLVD.
City-St-Zip: GAINESVILLE, FL 32607

Title: VP (X) Change () Addition
Name: EMESON, DONALD JR
Address: 145 NW 48 BLVD.
City-St-Zip: GAINESVILLE, FL 32607

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: MATTHEW CETLINSKI

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date