

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90095 043 ****70.00

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1. Entity Name

MADDALENA PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

21045 COMMERCIAL TRAIL
BOCA RATON FL 33486

21045 COMMERCIAL TRAIL
BOCA RATON FL 33486
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0704964

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ISAACSON, WILLIAM K
C/O LANG MANAGEMENT
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE:

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WEISS, FRED G	
STREET ADDRESS	16450 MADDALENA PLACE	
CITY - ST - ZIP	DELRAY BEACH FL 33446	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	ARONBERG, SUSAN	
STREET ADDRESS	16511 MADDALENA PLACE	
CITY - ST - ZIP	DELRAY BEACH FL 33446	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HERSKOWITZ, BERNARD	
STREET ADDRESS	16460 MADDALENA PLACE	
CITY - ST - ZIP	DELRAY BEACH FL 33446	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNAUER, GILBERT	
STREET ADDRESS	16470 MADDALENA PL	
CITY - ST - ZIP	DELRAY BEACH FL 33446	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMANS, ROBERT	
STREET ADDRESS	16381 MADDALENA PL	
CITY - ST - ZIP	DELRAY BEACH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laurence Shulman	
STREET ADDRESS	16431 Maddalema Place	
CITY - ST - ZIP	Delray Beach, FL 33446	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 19, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #