

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004972

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: MADDALENA PROPERTY OWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486

## New Principal Place of Business:

C/O LANG MANAGEMENT  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486

## Current Mailing Address:

21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 US

## New Mailing Address:

C/O LANG MANAGEMENT  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 US

FEI Number: 65-0704964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ISAACSON, WILLIAM K  
C/O LANG MANAGEMENT  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 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: ROSENSTOCK, HERB  
Address: 16411 MADDALENA PLACE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: TD ( ) Delete  
Name: HERSKOWITZ, BERNARD  
Address: 16460 MADDALENA PLACE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: P ( ) Delete  
Name: KNAUER, GILBERT  
Address: 16470 MADDALENA PL  
City-St-Zip: DELRAY BEACH, FL 33446

Title: S ( ) Delete  
Name: SAMANS, ROBERT  
Address: 16381 MADDALENA PL  
City-St-Zip: DELRAY BEACH, FL 33446

Title: D ( ) Delete  
Name: SHULMAN, LAWRENCE  
Address: 16431 MADDALENA PLACE  
City-St-Zip: DELRAY BEACH, FL 33446

## 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:

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: GILBERT KNAUER

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date