

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90014 036 ****61.25

DOCUMENT # N99000002911					
1. Entity Name MADISON ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O PARADISE PROPERTY MGMT 840 111TH AVE N #9 NAPLES, FL 34108 US			Mailing Address C/O PARADISE PROPERTY MGMT 840 111TH AVE N #9 NAPLES, FL 34108 US		
2. Principal Place of Business Madison Estates HOA		3. Mailing Address 38 Madison Dr.			
Suite, Apt. #, etc. c/o Jennifer Euler		Suite, Apt. #, etc.		09032006 Chg-NP CR2E037 (4/06)	
City & State Naples, FL		City & State Naples, FL		4. FEI Number 59-3575897	
Zip 34110		Country Collier		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIRRONE, BETH 25 MADISON DRIVE NAPLES, FL 34110			7. Name and Address of New Registered Agent 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: <u>Beth Pirrone</u> Registered Agent / Pres.				DATE: <u>9/3/06</u>	
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 6, 2006			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	P <input type="checkbox"/> Delete PIRRONE, BETH 25 MADISON DR NAPLES, FL 34110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete <u>CORRECT</u> SESLER, JENNIFER G 38 MADISON DR NAPLES, FL 34110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jennifer E. Euler 38 Madison Dr. Naples, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete BIANCANIELLO, SILVANA 33 MADISON DR NAPLES, FL 34110		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	
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	
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: <u>Beth Pirrone</u> Pres				DATE: <u>9/3/06</u> 239-682-8814	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					