

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002577

**FILED**  
**Apr 05, 2022**  
**Secretary of State**  
**5383522067CC****Entity Name:** MADISON LAKES OF DAVIE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O PHOENIX MAMAGEMENT  
4800 N. STATE RD 7 SUITE 105  
LAUDERDALE LAKES, FL 33319**Current Mailing Address:**C/O PHOENIX MAMAGEMENT  
4800 N. STATE RD 7 SUITE 105  
LAUDERDALE LAKES, FL 33319**FEI Number:** 65-1006238**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHERYL J. LEVIN, P.A.  
COUNTYARD BUSINESS CENTER  
4694 NW 103RD AVENUE  
SUNRISE, FL 33351-7970 US*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

**Officer/Director Detail :**

Title	DIRECTOR
Name	CRISTEA, MIORIKA
Address	8125 S MADISON LAKES CIRCLE
City-State-Zip:	DAVIE FL 33328

Title	PRESIDENT
Name	COULTON, MARK
Address	8150 MADISON LAKES CIRCLE N.
City-State-Zip:	DAVIE FL 33328

Title	VICE PRESIDENT
Name	MAURER, THOMAS
Address	5135 MADISON LAKES CIRCLE
City-State-Zip:	DAVIE FL 33328

Title	DIRECTOR
Name	PAPP, EDUARD
Address	4800 N. STATE ROAD 7 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	DIRECTOR
Name	ECHEVARRIA, GERALD
Address	4800 N. STATE ROAD 7 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

I hereby 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 all other like empowered.

**SIGNATURE:** MARK COULTON**PRESIDENT****04/05/2022**

Electronic Signature of Signing Officer/Director Detail

Date