

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000001528

Entity Name: MADISON PLACE OF POMPANO BEACH HOMEOWNERS' ASSOCIATION, INC.**FILED**
Apr 11, 2022
Secretary of State
4156305040CC**Current Principal Place of Business:**C/O ASSOCIATION MANAGEMENT PARTNERS LLC
2436 N FEDERAL HWY PMB 205
LIGHTHOUSE POINT, FL 33064-6854**Current Mailing Address:**C/O ASSOCIATION MANAGEMENT PARTNERS LLC
2436 N FEDERAL HWY PMB 205
LIGHTHOUSE POINT, FL 33064-6854 US**FEI Number: 38-3970322****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ASSOCIATION MANAGEMENT PARTNERS LLC
2436 N FEDERAL HWY PMB 205
LIGHTHOUSE POINT, FL 33064-6854 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: MATT JELINEK****04/11/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	SHRYOCK, ERIK
Address	C/O ASSOCIATION MANAGEMENT PARTNERS LLC 2436 N FEDERAL HWY PMB 205
City-State-Zip:	LIGHTHOUSE POINT FL 33064-6854

Title	DIRECTOR
Name	WOOLFOLK, PARKER
Address	C/O ASSOCIATION MANAGEMENT PARTNERS LLC 2436 N FEDERAL HWY PMB 205
City-State-Zip:	LIGHTHOUSE POINT FL 33064-6854

Title	SECRETARY
Name	CYGERT, JOANNA
Address	C/O ASSOCIATION MANAGEMENT PARTNERS LLC 2436 N FEDERAL HWY PMB 205
City-State-Zip:	LIGHTHOUSE POINT FL 33064-6854

Title	TREASURER
Name	GIARDI, LAURA
Address	C/O ASSOCIATION MANAGEMENT PARTNERS LLC 2436 N FEDERAL HWY PMB 205
City-State-Zip:	LIGHTHOUSE POINT FL 33064-6854

Title	VP
Name	CLANCY, GEORGIA
Address	C/O ASSOCIATION MANAGEMENT PARTNERS LLC 2436 N FEDERAL HWY PMB 205
City-State-Zip:	LIGHTHOUSE POINT FL 33064-6854

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: JOANNA CYGERT**SECRETARY****04/11/2022**

Electronic Signature of Signing Officer/Director Detail

Date