FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:58

DOCUMENT # 744463 (1)

1. Corporation Name

MADISON BLUFFS PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
PO BOX 90010 GAINESVILLE FL 32607-7010	PO BOX 90010 GAINESVILLE FL 32607-7010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1978	3a. Date of Last Report: 04/21/1994
4. FEI Number: NOT APPLICABLE	☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 104 N. MAIN STREET	26 104 N. MAIN STREET
Suite, Apt. #, etc: 22 SUITE 300	Suite, Apt. #, etc: 27 SUITE 300
City & State: 23 GAINESVILLE, FL	City & State: 28 GAINESVILLE, FL
Zip: 24 32601 — County: 25 ALACHUA	Zip: 29 32601 — County: 30 ALACHUA

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSKO, GEORGE 4010 NEWBERRY RD.,#A GAINESVILLE FL 32607	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 104 N. MAIN STREET 83 SUITE 300 84 City: GAINESVILLE FL 85 Zip Code: 32601

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Date ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	1.1 TITLE	D ☐ Change ☒ Addition
NAME	THOMPSON, C FREDERICK	1.2 NAME	
STREET ADDRESS	4010 NEWBERRY RD #A	1.3 STREET ADDRESS	
CITY, ST, ZIP	GAINESVILLE, FL 00000	1.4 CITY, ST, ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	DUKES, JOYCE	2.2 NAME	
STREET ADDRESS	4010 NEWBERRY RD #A	2.3 STREET ADDRESS	
CITY, ST, ZIP	GAINESVILLE, FL 00000	2.4 CITY, ST, ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	ROSKO, GEORGE	3.2 NAME	
STREET ADDRESS	4010 NEWBERRY RD #A	3.3 STREET ADDRESS	
CITY, ST, ZIP	GAINESVILLE FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ______ 4/26/95 (904) 378-4814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C. FREDERICK THOMPSON, VICE PRESIDENT

0029711