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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744463

(1)

1. Corporation Name

MADISON BLUFFS PROPERTY OWNERS' ASSOCIATION, INC



Principal Place of Business

Mailing Address

104 N. MAIN STREET
SUITE 300
GAINESVILLE FL 32601
US

104 N. MAIN STREET
SUITE 300
GAINESVILLE FL 32601-3342
US

3. Date Incorporated or Qualified
10/04/1978

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSKO, GEORGE
104 N. MAIN STREET
SUITE 300
GAINESVILLE FL 32601

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME THOMPSON, C FREDERICK
STREET ADDRESS 4010 NEWBERRY RD #A
CITY-ST-ZIP GAINESVILLE, FL 00000

1.1 TITLE D ☐ Change ☐ Addition
1.2 NAME THOMPSON, C. FREDERICK
1.3 STREET ADDRESS 104 N. MAIN STREET, SUITE 300
1.4 CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE STD ☐ DELETE
NAME DUKES, JOYCE
STREET ADDRESS 4010 NEWBERRY RD #A
CITY-ST-ZIP GAINESVILLE, FL 00000

2.1 TITLE STD ☐ Change ☐ Addition
2.2 NAME DUKES, JOYCE
2.3 STREET ADDRESS 104 N. MAIN STREET, SUITE 300
2.4 CITY-ST-ZIP GAINESVILLE, FLORIDA 32601

TITLE PD ☐ DELETE
NAME ROSKO, GEORGE
STREET ADDRESS 4010 NEWBERRY RD #A
CITY-ST-ZIP GAINESVILLE FL

3.1 TITLE PD ☐ Change ☐ Addition
3.2 NAME ROSKO, GEORGE
3.3 STREET ADDRESS 104 N. MAIN STREET, SUITE 300
3.4 CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

FREDERICK THOMPSON

352-378-4814

Daytime Phone # 0010530

CR2E037 (9/96)