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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # N22442

1. Corporation Name
MADISON HILLS PROPERTY OWNERS' ASSOCIATION, INC.
4010 NEWBERRY ROAD, SUITE A
GAINESVILLE, FL 32607

Principal Place of Business	Mailing Address
4010 NEWBERRY ROAD, ST A GAINESVILLE, FL 32607	4010 NEWBERRY ROAD, ST A GAINESVILLE, FL 32607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/87
3a. Date of Last Report: 04/15/94
4. FEI Number: NOT APPLICABLE — Applied For ☐ — Not Applicable ☒
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 S. 199.032, Florida Statutes ☐ Yes ☒ No

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, FLORIDA	City & State 28 GAINESVILLE, FLORIDA
Zip / Country 24 32601 / 25 ALACHUA	Zip / Country 29 32601 / 30 ALACHUA

9. Name and Address of Current Registered Agent

ROSKO, GEORGE
4010 NEWBERRY ROAD, SUITE A
GAINESVILLE, FL 32607

10. Name and Address of New Registered Agent

81 Name: ROSKO, GEORGE
82 Street Address (P.O. Box Number is Not Acceptable): 104 N. MAIN STREET, SUITE 300
83
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
Signature required of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	11 TITLE	P/D	☒ Change ☐ Addition
NAME	ROSKO, GEORGE	12 NAME	ROSKO, GEORGE	
STREET ADDRESS	4010 NEWBERRY ROAD, SUITE A	13 STREET ADDRESS	104 N. MAIN STREET, SUTIE 300	
CITY-ST-ZIP	GAINESVILLE, FL 32607	14 CITY-ST-ZIP	GAINESVILLE, FLORIDA 32601	
TITLE	V/D	21 TITLE	V/D	☒ Change ☐ Addition
NAME	THOMPSON, C. FREDERICK	22 NAME	THOMPSON C. FREDERICK	
STREET ADDRESS	4010 NEWBERRY ROAD, STE A	23 STREET ADDRESS	104 N. MAIN STREET, SUITE 300	
CITY-ST-ZIP	GAINESVILLE, FL 32607	24 CITY-ST-ZIP	GAINESVILLE, FLORIDA 32601	
TITLE	D/S/T	31 TITLE	D/S/T	☒ Change ☐ Addition
NAME	DUKES, JOYCE	32 NAME	DUKES, JOYCE	
STREET ADDRESS	4010 NEWBERRY ROAD, SUITE A	33 STREET ADDRESS	104 N. MAIN STREET, SUITE 300	
CITY-ST-ZIP	GAINESVILLE, FL 32607	34 CITY-ST-ZIP	GAINESVILLE, FLORIDA 32601	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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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)(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 no address.

SIGNATURE: _____ 04/26/95 904-378-4814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GEORGE ROSKO