

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90068 025 \*\*\*\*61.25

**DOCUMENT #** N93000000688  
**1. Entity Name**  
MADISON RIVERFRONT ESTATES HOMEOWNERS'  
ASSOCIATION

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 2700 N. Highway A1A Suite, Apt. #, etc. #15-102 City & State Indialantic FL Zip 32903-2264 Country USA		<b>3. Mailing Address</b> 2700 N. Highway A1A Suite, Apt. #, etc. #15-102 City & State Indialantic FL Zip 32903-2264 Country USA	
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<b>4. FEI Number</b> 65-0393881	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

80057674

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**  
Name Baker, James L.  
Street Address (P.O. Box Number is Not Acceptable)  
2700 N Hwy A1A  
#15-102  
City Indialantic FL Zip Code 32903-2264

**8. 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 JAMES L BAKER James L Baker March 25, 2002  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FEE IS \$61.25</b> Initial or Amended UBR	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> Department of State
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> P <b>NAME</b> Baker, James L. <b>STREET ADDRESS</b> 2700 N Hgwy A1A #15-102 <b>CITY-ST-ZIP</b> Indialantic FL 32903-2264	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>	
<b>TITLE</b> D <b>NAME</b> Jacobs, Joann <b>STREET ADDRESS</b> 410 Thrush Dr <b>CITY-ST-ZIP</b> Satellite Beach FL 32937	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> D <b>NAME</b> Wheeler, Charles E.III <b>STREET ADDRESS</b> 307 Hghwy A1A #2 <b>CITY-ST-ZIP</b> Satellite Beach FL 32937	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> D <b>NAME</b> Franklin, Jeanne D. <b>STREET ADDRESS</b> 890 Mandarin Dr <b>CITY-ST-ZIP</b> Palm Bay FL 32905	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		

**12. I 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** James L. Baker, PRESIDENT James L Baker 3/25/02 (321)777-3219  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)