FILED
Mar 10, 2003 8:00 am
Secretary of State
03-10-2003 90177 002 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000688

1. Entity Name
MADISON RIVERFRONT ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2720 N. HWY A1A BLDG. 15-APT. #102 INDIALANTIC, FL 32903-2264	2720 N. HWY A1A BLDG. 15-APT. #102 INDIALANTIC, FL 32903-2264

2. Principal Place of Business	3. Mailing Address
2700 N. Hwy A1A	2700 N. Hwy. A1A
Suite, Apt. #, etc.: BLDG. 15-APT. #102	Suite, Apt. #, etc.: Bldg. 15-APT. #102
City & State: INDIALANTIC FL	City & State: INDIALANTIC FL
Zip: 32903-2264 Country: BREVARD	Zip: 32903-2264 Country: BREVARD

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0393881 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAKER, JAMES L
~~2725 N. HWY A1A~~
~~#203~~
INDIALANTIC, FL 32903

7. Name and Address of New Registered Agent

Name: BAKER, JAMES L.
Street Address (P.O. Box Number is Not Acceptable): 2700 N. HWY A1A
BLDG #15, APT #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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: James L Baker March 6, 2003
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAKER, JAMES L 2700 N. HWY. A1A, 15-102 INDIALANTIC, FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACOBS, JOANN 410 THRUST DR. SATELLITE BEACH, FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANKLIN, JEANNE D 890 MANDARIN DR PALM BAY, FL 32905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~WHEELER, CHARLES R III~~ ~~3340 N. HARBOUR CITY BLVD.~~ ~~MELBOURNE, FL 32935~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHEELER, III, CHARLES E 307 HWY A1A, #2 SATELLITE BEACH, FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James L Baker March 6, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #