

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90054 037 \*\*\*\*61.25

**DOCUMENT # N00000002582**

1. Entity Name

**MAGNOLIA MANOR OF LAKELAND HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

3838 S. FLORIDA AVE.  
 LAKELAND FL 33813

P.O. BOX 922  
 KATHLEEN FL 33849-0922

2. Principal Place of Business

8040 Apple Blossom Dr.  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 922  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lakeland, FL

City & State

Kathleen, FL

4. FEI Number

59-3687583

Applied For

Not Applicable

Zip

33810

Country

Zip

33849-0922

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, ROBERT J  
 3838 S. FLORIDA AVE.  
 LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name: Kevin Shireman  
 Street Address (P.O. Box Number is Not Acceptable): 8040 Apple Blossom Dr.  
 City: Lakeland FL Zip Code: 33810

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: *Kevin Shireman*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-27-2002

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, DAVID H	
STREET ADDRESS	3838 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VO	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, ROBERT A	
STREET ADDRESS	3838 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, D. JOEL	
STREET ADDRESS	3838 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	PD	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition
NAME	Kevin Shireman	
STREET ADDRESS	8040 Apple Blossom Dr.	
CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	UP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition
NAME	Jim Margolin	
STREET ADDRESS	8033 Apple Blossom Dr.	
CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	Secretary	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition
NAME	Lori Dawson	
STREET ADDRESS	791 Apple Blossom Dr.	
CITY-ST-ZIP	Lakeland, FL 33810	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rachel Campbell	
STREET ADDRESS	7913 Apple Blossom Dr.	
CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	BOB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Justin Dow	
STREET ADDRESS	8015 Apple Blossom Dr.	
CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	Shawn Meek (BOB)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shawn Meek	
STREET ADDRESS	8010 Chasewood	
CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	BOB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Oliveras Sr.	
STREET ADDRESS	7931 Apple Blossom Dr.	
CITY-ST-ZIP	Lakeland, FL 33810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Kevin Shireman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-2002 (813) 346-79

Date Daytime Phone #

CR2E037 (9/01)