

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002582

FILED
Feb 17, 2010
Secretary of State

Entity Name: MAGNOLIA MANOR OF LAKELAND HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

7979 APPLE BLOSSOM DR
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

PO BOX 922
KATHLEEN, FL 33849

New Mailing Address:

FEI Number: 59-3687583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALAVE, WILLIE
7979 APPLE BLOSSOM DR.
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: MALAVE, WILLIE
Address: 7979 APPLE BLOSSOM DR.
City-St-Zip: LAKELAND, FL 33810

Title: VP
Name: JANKOWSKI, TIMOTHY
Address: 7955 APPLE BLOSSOM DR
City-St-Zip: LAKELAND, FL 33810

Title: T
Name: POTTER, KEILY
Address: 3006 CHASEWOOD DR
City-St-Zip: LAKELAND, FL 33810

Title: SEC
Name: BRAINARD, ANDRA
Address: 3011 CHASEWOOD DR
City-St-Zip: LAKELAND, FL 33810

Title: B
Name: HILL, EDWARD
Address: 3003 CHASEWOOD DR
City-St-Zip: LAKELAND, FL 33810

Title: B
Name: CHANDLER, HOWARD
Address: 7938 CHARLESTON BLVD
City-St-Zip: LAKELAND, FL 33810

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIE MALAVE

PRES

02/17/2010

Electronic Signature of Signing Officer or Director

Date