


FILE NOW: FILING FEE IS \$61.25

FILED

**Jun 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Moftam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~N9800000007~~ (3)
NO0548
Magnolia Pointe Neighborhood Association, Inc.

Principal Place of Business: PO Box 608556 Orlando, FL 32860-8556
Mailing Address: PO Box 608556 Orlando, FL 32860-8556

3. Date Incorporated or Qualified: 01/05/1984
4. FEI Number: 59-2473436

21. Principal Place of Business: 6870 Magnolia Pointe Circle, Orlando, FL 32810
22. Suite, Apt. #, etc.:
23. City & State: Orlando, FL
24. Country: USA
25. Zip: 32810

26. Mailing Address: PO Box 700665, St. Cloud, FL
27. Suite, Apt. #, etc.:
28. City & State: St. Cloud, FL
29. Zip: 34770
30. Country: USA

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent: Barber, Dean G, 5882 S. Semoran, Orlando, FL 32822

10. Name and Address of New Registered Agent: Harkley R Thornton, esquire, 1010 Pennsylvania Ave, St. Cloud, FL 34709

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Harkley R Thornton* DATE: 4/28/98

12. OFFICERS AND DIRECTORS

TITLE: DP	NAME: Barber, Dean	STREET ADDRESS: 5882 S. Semoran	CITY-ST-ZIP: Orlando, FL 32822	<input checked="" type="checkbox"/> DELETE
TITLE: D	NAME: Voght, Joe	STREET ADDRESS: 6831 Magnolia Pointe Circle	CITY-ST-ZIP: Orlando, FL 32810	<input checked="" type="checkbox"/> DELETE
TITLE: D	NAME: Fisher, John	STREET ADDRESS: 6832 Magnolia Pointe	CITY-ST-ZIP: Orlando, FL 32810	<input checked="" type="checkbox"/> DELETE
TITLE: DP	NAME: Frazier, Valerie	STREET ADDRESS: 6728 Magnolia Pointe Circle	CITY-ST-ZIP: Orlando, FL 32810	<input type="checkbox"/> DELETE
TITLE: DV	NAME: Holloway, Joanna	STREET ADDRESS: 6775 Magnolia Pointe Circle	CITY-ST-ZIP: Orlando, FL 32810	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: DR. Bechtel, Doug	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: 6870 Magnolia Pointe Circle	
1.3 STREET ADDRESS: Orlando, FL 32810	
1.4 CITY-ST-ZIP:	
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 an address.

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