

FILE NOW: FILING FEE IS \$61.25

FILED  
Aug 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT #** N00548  
1. Corporation Name  
Magnolia Pointe Neighborhood Association, Inc.

Principal Place of Business P.O. Box 700665 St. Cloud, FL 34770-0665	Mailing Address P.O. Box 700665 St. Cloud, FL 34770-0665
--	--

2. Principal Place of Business 21 6870 Magnolia Pointe Cir. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 700665 Suite, Apt. #, etc.
22	27
23 City & State Orlando, FL	28 City & State St. Cloud, FL
24 Zip 32810	29 Zip 34770-0665
25 Country Orange	30 Country Osceola

3. Date Incorporated or Qualified 01/05/1984	Applied For Not Applicable
4. FEI Number 59-247 3436	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**B. Name and Address of Current Registered Agent**  
Harkley R. Thornton, esquire  
1010 Pennsylvania Ave.  
St. Cloud, FL 34769

**10. Name and Address of New Registered Agent**

81 Name Harkley R. Thornton, esquire
82 Street Address (P.O. Box Number is Not Acceptable) 1010 Pennsylvania Ave.
83
84 City St. Cloud
85 Zip Code 34769

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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE D.T.	NAME Frazier, Valerie	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 6728 Magnolia Pointe Cir.		
CITY-ST-ZIP Orlando, FL 32810		
TITLE	NAME Bechtel, Doug	<input type="checkbox"/> DELETE
STREET ADDRESS 6870 Magnolia Pointe Cir.		
CITY-ST-ZIP Orlando, FL 32810		
TITLE	NAME D.V.	<input type="checkbox"/> DELETE
STREET ADDRESS Hollaway, Joanna		
CITY-ST-ZIP 6775 Magnolia Pointe Cir.		
CITY-ST-ZIP Orlando, FL 32810		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE D.S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME King, Joseph	
1.3 STREET ADDRESS 906 Bear Lake Road	
1.4 CITY-ST-ZIP Apopka, FL 32703	
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 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)(i), 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.

SIGNATURE: Douglas L. Bechtel - Douglas L. Bechtel 8/21/98 407-296-4744

CR2E037 (10/97)