

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified: 01/05/1984
4. FEI Number: 59-247 3436
Applied For: Not Applicable

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

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

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, FL 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE: O.T.	Frazier, Valerie	<input checked="" type="checkbox"/> DELETE
NAME:	6728 Magnolia Pointe Cir.	
STREET ADDRESS:	Orlando, FL 32810	
CITY-ST-ZIP:		
TITLE:	D.P. Bechtel, Doug	<input type="checkbox"/> DELETE
NAME:	6870 Magnolia Pointe Cir.	
STREET ADDRESS:	Orlando, FL 32810	
CITY-ST-ZIP:		
TITLE:	D.V. Holloway, Joanna	<input type="checkbox"/> DELETE
NAME:	6775 Magnolia Pointe Cir.	
STREET ADDRESS:	Orlando, FL 32810	
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> DELETE
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> DELETE
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE:	D.S. King, Joseph	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME:	906 Bear Lake Road		
1.3 STREET ADDRESS:	Apopka, FL 32703		
1.4 CITY-ST-ZIP:			
2.1 TITLE:		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME:			
2.3 STREET ADDRESS:			
2.4 CITY-ST-ZIP:			
3.1 TITLE:		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME:			
3.3 STREET ADDRESS:			
3.4 CITY-ST-ZIP:			
4.1 TITLE:		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME:			
4.3 STREET ADDRESS:			
4.4 CITY-ST-ZIP:			
5.1 TITLE:		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME:	300002631853		
5.3 STREET ADDRESS:	-09/04/98--01014--031		
5.4 CITY-ST-ZIP:	***61.25		
6.1 TITLE:		<input type="checkbox"/>	<input type="checkbox"/>
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)