

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

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98 NOV 25 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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  
*59-2473436*

Applied For  
 Not Applicable

2. Principal Place of Business  
21 *4307 Neptune Rd.*  
Suite, Apt. #, etc.

2a. Mailing Address  
25 *P.O. Box 700665*  
Suite, Apt. #, etc.

22 City & State  
23 *St. Cloud, FL*

27 City & State  
28 *St. Cloud, FL*

24 Zip  
*34769*

25 Country  
*Osceola*

29 Zip  
*34770*

30 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

9. Name and Address of Current Registered Agent  
*Harkley R. Thornton, esquire  
4307 Neptune Rd.  
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)  
*4307 Neptune Rd.*

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 *Harkley R. Thornton, esquire*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<i>D.P. Bechtel, Doug</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>6870 Magnolia Pointe Cir.</i>	
STREET ADDRESS	<i>Orlando, FL 32810</i>	
CITY-ST-ZIP		
TITLE	<i>D.S. King, Joseph</i>	<input type="checkbox"/> DELETE
NAME	<i>906 Bear Lake Rd.</i>	
STREET ADDRESS	<i>Apopka, FL 32703</i>	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>D.P. Holloway, Joanna</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>6775 Magnolia Pointe Cir.</i>	
1.3 STREET ADDRESS	<i>Orlando, FL 32810</i>	
1.4 CITY-ST-ZIP		
2.1 TITLE	<i>D.V. Barber, Sharon</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>3903 Magnolia Pointe Lane</i>	
2.3 STREET ADDRESS	<i>Orlando, FL 32810</i>	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>500002703215--5</b>	
3.3 STREET ADDRESS	<b>-12/04/98--01062--004</b>	
3.4 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>	
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 checked="" 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: *Joanna P. Holloway 11-22-98 407-294-7224*

CR2E037 (10/97)