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99 JUN 30 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # N00548

1. Corporation Name
MAGNOLIA POINTE NEIGHBORHOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: 6870 MAGNOLIA POINTE CIRCLE, ORLANDO FL 32810, US

Mailing Address: P.O. BOX 700665, ST. CLOUD FL 34770, US

578921-90002-30



21. Principal Place of Business 21 Presidential Group S.	22. Mailing Address 22 Presidential Group South	3. Date Incorporated or Qualified 01/05/1984
22. Suite, Apt. #, etc. 135 W. Pineview St.	27. Suite, Apt. #, etc. 135 W. Pineview St.	4. FEI Number 59-2473436
23. City & State Altamonte Springs, FL	28. City & State Altamonte Springs, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip 32714	29. Zip 32714	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country US	30. Country US	

8. Name and Address of Current Registered Agent
**THORNTON, HARKLEY R ESO
1010 PENNSYLVANIA AVENUE
ST. CLOUD FL 34769**

10. Name and Address of New Registered Agent
**81 Name Anthony F. Guadagnino
82 Presidential Group South, Inc.
83 Street Address (P.O. Box Number is Not Acceptable)
135 W. Pineview St.
84 City Altamonte Springs, FL 85 Zip Code 32714**

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: Anthony Guadagnino DATE: 4/27/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DS	NAME KING, JOSEPH	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 908 BEAR LAKE ROAD	CITY-ST-2P APOPKA FL 32703	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-2P	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DV		2.2 NAME	
STREET ADDRESS HOLLOWAY, JOANNA		2.3 STREET ADDRESS	
CITY-ST-2P 8776 MAGNOLIA POINTE CIRCLE		2.4 CITY-ST-2P	
		2.5 NAME	
		2.6 STREET ADDRESS	
		2.7 CITY-ST-2P	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DP		3.2 NAME	
STREET ADDRESS BECHTEL, DOUG		3.3 STREET ADDRESS	
CITY-ST-2P 6870 MAGNOLIA POINTE CIRCLE		3.4 CITY-ST-2P	
		3.5 NAME	
		3.6 STREET ADDRESS	
		3.7 CITY-ST-2P	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-2P		4.4 CITY-ST-2P	
		4.5 NAME	
		4.6 STREET ADDRESS	
		4.7 CITY-ST-2P	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-2P		5.4 CITY-ST-2P	
		5.5 NAME	
		5.6 STREET ADDRESS	
		5.7 CITY-ST-2P	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-2P		6.4 CITY-ST-2P	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE: 4-29-99 407-294-7221

CR2E037 (11/98)

7/7/99