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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. Suite, Apt. #, etc.	22. Mailing Address 22 Presidential Group South Suite, Apt. #, etc.	3. Date Incorporated or Qualified 01/05/1984	4. FEI Number 59-2473436	Applied For Not Applicable
22 135 W. Pineview St. City & State	27 135 W. Pineview St. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 Altamonte Springs, FL Zip Country	28 Altamonte Springs, FL Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 32714 US	29 32714 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 NAME STREET ADDRESS CITY-ST-ZIP	DS KING, JOSEPH 908 BEAR LAKE ROAD APOPKA FL 32703 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOLLOWAY, JOANNA 8776 MAGNOLIA POINTE CIRCLE ORLANDO FL 32810 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BECHTEL, DOUG 6870 MAGNOLIA POINTE CIRCLE ORLANDO FL 32810 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DV Leo Dressner 6728 Magnolia Pt. Cr. Orlando, FL 32810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DS WENDELL AGEE 565 N COUNTRY CLUB RD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	LK MARY, FL 32746-4327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 fees empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED [Signature] DATE: 4-29-99 407-294-7221

CR2E037 (11/98)

7/7/99