

2000 UNIFORM BUSINESS REPORT (UBR)

4/19/2000 09:10:00 AM

FILED
May 17, 2000 8:00 am
Secretary of State

04-19-2000 90100 012 ****61.25

DOCUMENT # N00548

1. Entity Name

MAGNOLIA POINTE NEIGHBORHOOD HOMEOWNERS ASSOCIAT

Principal Place of Business

Mailing Address

PRESIDENTIAL GROUP S.
 135 W. PINEVIEW ST.
 ALTAMONTE SPRINGS FL 32714
 US

PRESIDENTIAL GROUP S.
 135 W. PINEVIEW ST.
 ALTAMONTE SPRINGS FL 32714-2006
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2473436

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUADAGNINO, ANTHONY F
PRESIDENTIAL GROUP SOUTH, INC.
135 W. PINEVIEW ST.
ALTAMONTE SPRINGS FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME HOLLOWAY, JOANNA Delete
 STREET ADDRESS 6775 MAGNOLIA POINTE CIR.
 CITY-ST-ZIP ORLANDO FL 32810

TITLE PD
 NAME Geraci, Andy Change Addition
 STREET ADDRESS 3927 MAGNOLIA POINTE LANE
 CITY-ST-ZIP ORLANDO, FL 32810

TITLE DV
 NAME DRESSNER, LEE Delete
 STREET ADDRESS 6728 MAGNOLIA PT. CR.
 CITY-ST-ZIP ORLANDO FL 32810

TITLE VP/D
 NAME FREED, JOYCE Change Addition
 STREET ADDRESS 6730 MAGNOLIA POINTE CIRCLE
 CITY-ST-ZIP ORLANDO, FL 32810

TITLE DS
 NAME AGEE, WENDELL Delete
 STREET ADDRESS 505 N COUNTRY CLUB RD
 CITY-ST-ZIP LK MARY FL 32746-4227

TITLE TR
 NAME BROWN, VIRGINIA Change Addition
 STREET ADDRESS 6827 MAGNOLIA POINTE CIRCLE
 CITY-ST-ZIP ORLANDO, FL 32810

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

Andrew Geraci 5-9-00 407 682-3355x25

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #