

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90007 046 ****61.25

DOCUMENT # N01000002487

1. Entity Name
MAGNOLIA COURT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**277 SE 5TH AVE
DELRAY BEACH, FL 33483**

Mailing Address
**277 SE 5TH AVE
DELRAY BEACH, FL 33483**

54000654



01082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3655630

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GLICKSTEIN, CARY
277 SE 5TH AVE
DELRAY BEACH, FL 33483**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPV
GLICKSTEIN, CARY
277 SE 5TH AVE
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
GLICKSTEIN, CARY
277 SE 5TH AVE
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WRIGHT, MICHAEL
277 SE 5TH AVE
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FARR, KEVIN
277 SE 5TH AVE
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. Rendt

1/16/04

Date

279 8952

Daytime Phone #