

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90051 033 ****61.25

DOCUMENT # N01000002487

1. Entity Name MAGNOLIA COURT HOMEOWNERS ASSOCIATION, INC.
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Principal Place of Business 277 SE 5TH AVE DELRAY BEACH, FL 33483	Mailing Address 277 SE 5TH AVE DELRAY BEACH, FL 33483
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2. Principal Place of Business c/o Hazz Management Inc Suite, Apt, #, etc. 2295 NW Corporate Blvd Suite 138 City & State Boca Raton FL Zip 33431 Country (Country) USA - Palm Beach	3. Mailing Address c/o Hazz Management Inc Suite, Apt, #, etc. 2295 NW Corporate Blvd Suite 138 City & State Boca Raton, FL Zip 33431 Country (Country) USA - Palm Beach
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02042005 Chg-NP CR2E037 (10/03)

4. FEI Number 04-3655630	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GLICKSTEIN, CARY 277 SE 5TH AVE DELRAY BEACH, FL 33483	7. Name and Address of New Registered Agent Name: Hazz Management Inc. Street Address: 2295 NW Corporate Blvd Suite 138 City: Boca Raton FL Zip Code: 33431
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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: Lawrence J. Morina III - Property Manager (Magnolia Court HOA) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE: 3/15/05
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV GLICKSTEIN, CARY 277 SE 5TH AVE DELRAY BEACH, FL 33483 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (D) ☒ Change ☐ Addition Tom Moore 310 Taxedo Lane West Palm Beach FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GLICKSTEIN, CARY 277 SE 5TH AVE DELRAY BEACH, FL 33483 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. (D) ☒ Change ☐ Addition Carol Anderson 311 Flamingo Dr. West Palm Beach FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, MICHAEL 277 SE 5TH AVE DELRAY BEACH, FL 33483 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treas. (D) ☒ Change ☐ Addition Eric Sain 316 N. Bromelard West Palm Beach FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARR, KEVIN 277 SE 5TH AVE DELRAY BEACH, FL 33483 ☒ 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)(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 an address, with all other like empowered.

SIGNATURE: <u>L. Moore</u> Signature and typed or printed name of signing officer or director	Date: <u>3-29-05</u>	Daytime Phone #: <u>838 9066</u>
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