

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 03, 2008
Secretary of State

DOCUMENT# N05000003884

Entity Name: MAGNOLIA POINTE OF SEMINOLE COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

501 N ORLANDO AVE. #233
WINTER PARK, FL 32789

New Principal Place of Business:

2354 RIVERDALE COURT
OVIEDO, FL 32765

Current Mailing Address:

501 N ORLANDO AVE. #233
WINTER PARK, FL 32789

New Mailing Address:

2354 RIVERDALE COURT
OVIEDO, FL 32765

FEI Number: 20-2814494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEPHAN, REINHARD G ESQ
2015 W SR 434
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

BUIS, TROY
2354 RIVERDALE COURT
OVIEDO, FL 32765 US

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: TROY BUIS

09/03/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: BUIS, TROY
Address: 2354 RIVERDALE COURT
City-St-Zip: OVIEDO, FL 32765

Title: VP () Change (X) Addition
Name: GIBBS, RONALD D
Address: 2359 RIVERDALE COURT
City-St-Zip: OVIEDO, FL 32765

Title: TREA () Change (X) Addition
Name: BOUGHTER, TAMARA S
Address: 2366 RIVERDALE COURT
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMARA S BOUGHTER, TREASURER

TREA

09/03/2008

Electronic Signature of Signing Officer or Director

Date