2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90184 044 ****61.25

DOCUMENT # N06000000650

1. Entity Name
MAGNOLIA PRESERVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
3361 W. VINE ST., STE. 208
KISSIMMEE, FL 34741

Mailing Address
3361 W. VINE ST., STE. 208
KISSIMMEE, FL 34741

2. Principal Place of Business - No P.O. Box #: 102 Park Place Blvd
Suite, Apt. #, etc.: Suite D-2
City & State: Kissimmee, FL
Zip: 34741 Country: Osceola

3. Mailing Address: 102 Park Place Blvd
Suite, Apt. #, etc.: Suite D-2
City & State: Kissimmee, FL
Zip: 34741 Country: Osceola

01222008 Chg-NP CR2E037 (12/06)

4. FEI Number: 20-4788586 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLORIDA ASSOCIATION MANAGEMENT, INC.
3361 W. VINE ST., STE. 208
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent

Name: c/o Dollie Boyd
Street Address (P.O. Box Number is Not Acceptable): 102 Park Place Blvd, Ste D-2
City: Kissimmee FL Zip Code: 34741

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: Dallie Boyd, agent — 2/15/08
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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	LADERER, EDWARD H JR	
STREET ADDRESS	1925 E EDGEWOOD DR - STE 100	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	D	☐ Delete
NAME	MASTERS, GREGORY A	
STREET ADDRESS	1925 E EDGEWOOD DR - STE 100	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	D	☐ Delete
NAME	MARKHAM, LUKE	
STREET ADDRESS	1925 E EDGEWOOD DR - STE 100	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 2/18/08 687-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #