2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# N06000000650

Entity Name: MAGNOLIA PRESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1925 E. EDGEWOOD DRIVE
100
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

PO BOX 2562
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 20-4788586 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMPLETE PROPERTY MANAGEMENT SOLUTIONS
1925 E. EDGEWOOD DRIVE
SUITE 100
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LADERER, ED
Address: 1925 E EDGEWOOD DR - STE 100
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete
Name: MASTERS, GREG
Address: 1925 E EDGEWOOD DR - STE 100
City-St-Zip: LAKELAND, FL 33803

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PEEPLES, MICHAEL
Address: 1925 E. EDGEWOOD DR., SUITE 100
City-St-Zip: LAKELAND, FL 33803

Title: D (X) Change ( ) Addition
Name: DIAZ, ZACH
Address: 1925 E. EDGEWOOD DR., SUITE 100
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Change (X) Addition
Name: WEGGELAND, JARED
Address: 1925 E. EDGEWOOD DR., SUITE 100
City-St-Zip: LAKELAND, FL 33803

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: MICHAEL PEEPLES D 06/25/2009

Electronic Signature of Signing Officer or Director — Date