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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:11

DOCUMENT # N19715 (4)

1. Corporation Name
THE MAGNOLIA GARDEN VILLAS ASSOCIATION, INC.

Principal Place of Business Mailing Address
2417 SE 18TH CIRCLE 2417 SE 18TH CIRCLE
OCALA FL 34471 OCALA FL 34471
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/17/1987	3a. Date of Last Report 03/11/1994
4. FEI Number 59-2762267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	29 Zip Country
24	30

9. Name and Address of Current Registered Agent
EHLERS, HENRY
2403 SE 17TH STREET
OCALA FL 34471

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	EHLERS, HENRY
STREET ADDRESS	2403 SE 17TH STREET
CITY-ST-ZIP	OCALA FL
TITLE	D
NAME	SAUEY, NORMAN O.
STREET ADDRESS	720 SW 17TH STREET
CITY-ST-ZIP	OCALA FL
TITLE	D
NAME	SAUEY, DONALD P.
STREET ADDRESS	720 SW 17TH STREET
CITY-ST-ZIP	OCALA FL
TITLE	STD
NAME	MOLHAN, LOUIS D.
STREET ADDRESS	2417 SE 18TH CIRCLE
CITY-ST-ZIP	OCALA FL
TITLE	D
NAME	DRISSELL, BETTY
STREET ADDRESS	2450 SE 18TH CIRCLE
CITY-ST-ZIP	OCALA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DIRECTOR
5.3 STREET ADDRESS	DR JOHN ROBERT
5.4 CITY-ST-ZIP	2463 S.E. 18TH CIRCLE OCALA, FL 34471
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Louis D. Molhan Louis D. Molhan 2-15-95 904-351-4006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #