

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N19715** (4)

1. Corporation Name

THE MAGNOLIA GARDEN VILLAS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2417 SE 18TH CIRCLE
OCALA FL 34471
US

2417 SE 18TH CIRCLE
OCALA FL 34471
US

3. Date Incorporated or Qualified **03/17/1987** 3a. Date of Last Report **02/20/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-2762267** Applied For Not Applicable

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

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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EHLERS, HENRY
2403 SE 17TH STREET
OCALA FL 34471

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHLERS, HENRY	1.2 NAME	DE JOHN, ROBERT
STREET ADDRESS	2403 SE 17TH STREET	1.3 STREET ADDRESS	2463 S.E. 18TH CIRCLE
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	OCALA FL 34471
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUEY, NORMAN O.	2.2 NAME	
STREET ADDRESS	720 SW 17TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUEY, DONALD P.	3.2 NAME	
STREET ADDRESS	720 SW 17TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLHAN, LOUIS D.	4.2 NAME	
STREET ADDRESS	2417 SE 18TH CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEJOHN, ROBERT	5.2 NAME	EHLERS, HENRY
STREET ADDRESS	2463 S.E. 18TH CIRCLE	5.3 STREET ADDRESS	2403 S.E. 17TH STREET
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	OCALA, FL 34471
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 3-6-96 352-351-4006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)