## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 20 1997 8:00am

Secretary of State

E ANNIXANA MER ANNIA NONE IBROK ELRON DEM BEBEL BANN BIDIL BEBEL DIBLE BANN FROM

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19715

(4)

## THE MAGNOLIA GARDEN VILLAS ASSOCIATION, INC.

| Principal Place   | of Busines        | s                                 | 1           | Mailing Address                                  |              |              | •                |                                    | F 18877198 884 11978 1914 1889 1711                          | IAI BIII EIRIF | BIBLI BIBLI BIB            | fi Miğis Miğil şəmi |  |
|---|-------------------|-----------------------------------|-------------|--|--------------|--------------|------------------|------------------------------------|--|----------------|----------------------------|---------------------|--|
| 2417 SE 18TH CIRCLE<br>OCALA FL 34471   |                   |                                   | ĺ           | 2417 SE 18TH CIRCLE<br>OCALA FL 34471-8333<br>US |              |              |                  |                                    |  |                |                            |                     |  |
| US  |                   |                                   | •           | 00   |              |              |                  | 3. Date                            | ncorporated or Qualified 03/17/1987                          | 3a. [          | 03/13/                     |                     |  |
| 2. Principal Pl   | ace of Busin      | ness                              | 20          | a. Mailing Address                               |              | ·            |                  | 4. FEI                             | Number<br>E0-0760067   |                |                            | Applied For         |  |
| 21  |                   |                                   |             | 26   |              |              |                  | 59-2762267                         |  |                | Not Applicable             |                     |  |
| Suite, Apt. #, etc.   |                   |                                   |             | Surte, Apt. #, etc.                              |              |              | 5. Cert          | ificate of Status Desired          |  |                | Additional<br>Required     |                     |  |
| City & State  |                   |                                   |             | City & State                                     |              |              |                  |                                    | No. Commiss Financias  | <del></del>    | <del> </del>               | <del>'</del>        |  |
| 23 .  |                   |                                   | 28          | 28   |              |              |                  |                                    | tion Campaign Financing                                      |                |                            | May Be              |  |
| Zip   | Country           |                                   |             | <del></del>                                      |              |              | Country          |                                    | corporation has liability for                                |                |                            |                     |  |
| 24  | 25                |                                   | 29          | 29 30  |              |              | o]               |                                    |  |                |                            | ⊠ No                |  |
|   | 9. Name           | and Address of Curr               | ent Reg     | istered Agent                                    |              |              |                  | 10. Nar                            | ne and Address of New F                                      | Registered     | Agent                      |                     |  |
|   |                   |                                   |             |  |              | 81           | Name             |                                    |  |                |                            |                     |  |
| EHLERS, HENRY   |                   |                                   |             |  |              |              | Street Ad        | ddress (P.O. E                     | Box Number is Not Accept                                     | able)          |                            |                     |  |
| 2403 SE 17TH STREET   |                   |                                   |             |  |              |              |                  | <del></del>                        |  |                | <del> ,</del>              |                     |  |
| OCALA FL 34471  |                   |                                   |             | 83   |              |              |                  |                                    |  |                |                            |                     |  |
|   |                   |                                   |             |  |              | 84           | City             |                                    |  | F-1            | 85 Zi                      | p Code              |  |
| 44 5  |                   |                                   | no          | 017 1500 Finds 0                                 |              | 45           |                  |                                    | ancies this statement for the                                | Fl             |                            | its societored      |  |
| office or re  | egistered ac      | gent, or both, in the Sta         | te of Fio   | rida. Such change v                              | was auti     | norized b    | y the corpo      | corporation sui<br>oration's board | omits this statement for the<br>f of directors. I hereby acc | ept the ap     | or changing<br>pointment a | as registered       |  |
| agent. Fai  | m familiar w      | ith and accept the obl            | igations    | of, Section 617.050                              | 3, Florid    | ia Statute   | S.               |                                    |  |                |                            |                     |  |
| SIGNATURE _   | Stonat ve tuner   | i or printed name of registered ( | oent and li | ille il applicable                               | (NOTE: B     | egistered Ac | ent signature re | required when reinst               | ation)   | DATE           | <del></del>                |                     |  |
| 12.   | Organiana, 1944-c | OFFICERS A                        |             |  | , 10 (E) (II | 13.          |                  |                                    | TIONS/CHANGES TO OFF   |                | D DIRECTO                  | ORS IN 12           |  |
| TITLE   | Р                 |                                   |             | DELETE   | :            | 1.1 TITLE    |                  |                                    |  |                | Chang                      | e 🔲 Addition        |  |
| NAME  | DEJOH             | n, robert                         |             |  |              | 1.2 NAME     | İ                |                                    |  |                |                            |                     |  |
| STREET ADDRESS  | 2463 S            | E 18TH CIRCLE                     |             |  |              | 1.3 STREE    | T ADDRESS        |                                    |  |                |                            |                     |  |
| CITY - ST - ZIP   | OCALA             | FL                                |             |  |              | 1.4 CITY-    | ST-ZIP           |                                    |  |                |                            |                     |  |
| TITLE   | D                 |                                   |             | ☐ DELETE   | Ε            | 2.1 TITLE    |                  |                                    |  |                | Chang                      | e Addition          |  |
| NAME  |                   | , NORMAN O.                       |             |  |              | 2.2 NAME     |                  |                                    |  |                |                            |                     |  |
| STREET ADDRESS  |                   | v 17th Street                     |             |  |              | 2.3 STREE    | T ADORESS        |                                    |  |                |                            |                     |  |
| CITY-ST-ZIP   | OCALA             | rL .                              |             | ☐ DELETE   |              | 2.4 CITY-    | ST-ZIP           |                                    |  |                | Chang                      | e Addition          |  |
| TITLE   | D                 | , DONALD P.                       |             |  | -            | 3.1 TITLE    |                  |                                    |  |                | L Clary                    | e Modition          |  |
| NAME<br>OTOTET ADDOCOC  |                   | Y 17TH STREET                     |             |  |              | 3.2 NAME     |                  |                                    |  |                |                            |                     |  |
| STREET ADDRESS  City+St-Zip   | OCALA             |                                   |             |  |              | -            | T ADDRESS        |                                    |  |                |                            |                     |  |
| TITLE   | STD               | \                                 | ·           | ☐ DELETI   | <u> </u>     | 3.4. CITY -  | 51-217           |                                    |  |                | ☐ Chang                    | e Addition          |  |
| NAME  |                   | AN, LOUIS D.                      |             |  |              | 4. 2 NAME    |                  |                                    |  |                |                            |                     |  |
| STREET ADDRESS  |                   | E 18TH CIRCLE                     |             |  |              |              | T ADDRESS        |                                    |  |                |                            |                     |  |
| DITY-ST-ZIP   | OCALA             |                                   |             |  |              | 4.4 CITY-    | ŞT - ZIP         |                                    |  |                |                            |                     |  |
| TITLE   | D                 |                                   |             | ☐ DELET  | E            | 5.1 TITLE    |                  |                                    |  |                | Chang                      | e Addition          |  |
| NAME  | EHLER             | s, Henry                          |             |  |              | 5.2 NAME     |                  |                                    |  |                |                            |                     |  |
| STREET ADDRESS  |                   | E 17TH STREET                     |             |  |              | 5.3 STREE    | T ADDRESS        |                                    |  |                |                            |                     |  |
| CITY-ST-ZIP   | OCALA             | FL                                |             |  |              | 5.4 CITY-    | ST-ZIP           |                                    |  | ,              |                            |                     |  |
| TITLE   |                   |                                   |             | DELETI   | E            | 6.1 TITLE    |                  |                                    |  |                | L Chang                    | pe L. Addition      |  |
| NAME  |                   |                                   |             |  |              | 6.2 NAME     |                  |                                    |  |                |                            |                     |  |
| STREET ADDRESS  |                   |                                   |             |  |              |              | T ADDRESS        |                                    |  |                |                            |                     |  |
| CITY-ST-ZIP   | hy certify th     | at the information supp           | ied with    | this filing does not                             | oualify f    | 6.4 CITY-    |                  | ated in Section                    | 119 07(3)(i) Florida State                                   | des I furth    | er certify th              | net the             |  |
| 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. |                   |                                   |             |  |              |              |                  |                                    |  |                |                            |                     |  |
| SIGNAT  | IIRE.             | Sound                             | ÜΩ          | Tolking  | -ОИ          | J.J.         | DD               | Molh                               | AN 2.5-97  | 2              | 352-2                      | 51-4006             |  |
| CHAIRI  | JIIL.             | CIDUATURE AND TURES               | OD DON'T    | ED MANE OF COMING OF                             | EVED OF      | DIRECTOR     |                  | : 1 - 1 //                         | Date   |                | Distriction Physics        | Andreas .           |  |