

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

**FILED**  
**Feb 13 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19715 (4)**  
 1. Corporation Name  
**THE MAGNOLIA GARDEN VILLAS ASSOCIATION, INC.**



Principal Place of Business <b>2417 SE 18TH CIRCLE                  OCALA FL 34471                  US</b>	Mailing Address <b>2417 SE 18TH CIRCLE                  OCALA FL 34471                  US</b>
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3. Date Incorporated or Qualified <b>03/17/1987</b>	
4. FEI Number <b>59-2762267</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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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  
**81 Name ROBERT DeJOHN**  
**82 Street Address (P.O. Box Number is Not Acceptable) 2463 S.E. 18th CIRCLE**  
**83**  
**84 City OCALA FL 85 Zip Code 34471**

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: *Robert DeJohn* DATE: **1-19-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEJOHN, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>2463 SE 18TH CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAUEY, NORMAN O.</b>	2.2 NAME	
STREET ADDRESS	<b>720 SW 17TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAUEY, DONALD P.</b>	3.2 NAME	
STREET ADDRESS	<b>720 SW 17TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOLHAN, LOUIS D.</b>	4.2 NAME	
STREET ADDRESS	<b>2417 SE 18TH CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EHLERS, HENRY</b>	5.2 NAME	<b>D</b>
STREET ADDRESS	<b>2403 SE 17TH STREET</b>	5.3 STREET ADDRESS	<b>HELGNE STAUDLE</b>
CITY-ST-ZIP	<b>OCALA FL</b>	5.4 CITY-ST-ZIP	<b>2458 S.E. 18th CIRCLE</b>
TITLE		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	

5.5 NAME	<b>OCALA, FLA 34471</b>
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14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert DeJohn* DATE: **1-19-98** **352-620-9081**

CR2E037 (10/97)