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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N19715

1. Corporation Name

THE MAGNOLIA GARDEN VILLAS ASSOCIATION, INC.

138922 · 90205 · 40

Principal Place of Business

2417 SE 18TH CIRCLE
 Ocala FL 34471
 US

Mailing Address

2417 SE 18TH CIRCLE
 Ocala FL 34471
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

03/17/1987

22 City & State

27 City & State

4. FEI Number
 59-2762267

Applied For
 Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEJOHN, ROBERT
 2463 SE 18TH CIRCLE
 Ocala FL 34471

81 Name **DeJOHN, ROBERT**
 82 Street Address (P.O. Box Number is Not Acceptable)
2416 SE 23RD ST
 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

2-2-99

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 **P** DELETE
 NAME **DEJOHN, ROBERT**
 STREET ADDRESS **2463 SE 18TH CIRCLE**
 CITY-ST-ZIP **OCALA FL**

1.1 TITLE Change Addition
 1.2 NAME **DEJOHN, ROBERT**
 1.3 STREET ADDRESS **2416 SE 23RD ST**
 1.4 CITY-ST-ZIP **OCALA, FL. 34471**

TITLE **D** DELETE
 NAME **SAUEY, NORMAN O.**
 STREET ADDRESS **720 SW 17TH STREET**
 CITY-ST-ZIP **OCALA FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **SAUEY, DONALD P.**
 STREET ADDRESS **720 SW 17TH STREET**
 CITY-ST-ZIP **OCALA FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **STD** DELETE
 NAME **MOLHAN, LOUIS D.**
 STREET ADDRESS **2417 SE 18TH CIRCLE**
 CITY-ST-ZIP **OCALA FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **STAUDLE, HELENE**
 STREET ADDRESS **2458 SE 18TH CIRCLE**
 CITY-ST-ZIP **OCALA FL 34471**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Robert DeJohn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-99

Date

352-351-4006

Daytime Phone #

CR2E037 (1/98)