


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90292 041 \*\*\*\*61.25

**DOCUMENT # N19715**  
 1. Entity Name  
**THE MAGNOLIA GARDEN VILLAS ASSOCIATION, INC.**



Principal Place of Business  
 2605 SW 33RD ST,  
 BLDG. 200  
 OCALA, FL 34474 US

Mailing Address  
 P.O. BOX 2495  
 OCALA, FL 34478 US



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04072005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-2762267 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KIRKPATRICK, KENNETH**  
 2605 SW 33RD ST.  
 OCALA, FL 34474

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25 Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FRYE, ELAINE	
STREET ADDRESS	2409 SE 18TH CIR	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MIDDLETON, WALTER	
STREET ADDRESS	2427 SE 18 CIRCLE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, ROSCOE	
STREET ADDRESS	2444 SE 18 CIRCLE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CRIBB, ROBERT	
STREET ADDRESS	2445 SE 18TH CIRCLE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOOD, KATHY	
STREET ADDRESS	2416 SE 17TH CIRCLE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Priest, Kevin	
STREET ADDRESS	2435 SE 18th Circle	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nazzari, Deborah	
STREET ADDRESS	2408 SE 17th Circle	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ehlers, Brian	
STREET ADDRESS	1802 SE 85th St. Rd.	
CITY-ST-ZIP	Ocala, FL 34485	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Payne, Steve	
STREET ADDRESS	3201 SE 53rd Terr.	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Kevin Priest* Kevin Priest 4/7/05 352/369-9981