

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19715

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE MAGNOLIA GARDEN VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

1136 NORTHEAST 14TH STREET
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

1136 NORTHEAST 14TH STREET
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 59-2762267 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERREN, S. WESLEY
1136 NORTHEAST 14TH STREET
OCALA, FL 34470 US

Name and Address of New Registered Agent:

MOLHAN, LOU
1136 NORTHEAST 14TH STREET
OCALA, FL 34470 US

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.

SIGNATURE: LOU MOLHAN 04/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOLHAN, LOU
Address: 2417 SE 18TH CIR
City-St-Zip: Ocala, FL 34471

Title: VD () Delete
Name: CALLAHAN, ADRIENNE
Address: 2418 SOUTHEAST 17TH CIRCLE
City-St-Zip: Ocala, FL 34471

Title: SD () Delete
Name: SHOAF, JILL
Address: 2444 SE 18TH CIRCLE
City-St-Zip: Ocala, FL 34471

Title: TD () Delete
Name: FANTE, JOE
Address: 3337 SOUTHEAST 15TH STREET
City-St-Zip: Ocala, FL 34471

Title: D () Delete
Name: DEJOHN, BOB
Address: 2416 SOUTHEAST 23RD STREET
City-St-Zip: Ocala, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: STEINACKER, DELANO
Address: 2457 SE 18TH CIRCLE
City-St-Zip: Ocala, FL 34471

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOU MOLHAN PD 04/30/2009

Electronic Signature of Signing Officer or Director Date