

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-01-2001 90044 014 ****61.25

DOCUMENT # N21083

1. Entity Name

MAGNOLIA POINT COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3616 MAGNOLIA POINT BV
 GREEN COVE SPG FL 32043

3616 MAGNOLIA POINT BV
 GREEN COVE SPG FL 32043

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2874651

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROYAL, BERT V.
3616 MAGNOLIA PT BV
GREEN COVE SPG FL 32043

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | SCHAD, THOMAS | |
| STREET ADDRESS | 3616 MAGNOLIA POINT BV | |
| CITY-ST-ZIP | GREEN COVE SPRINGS FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | ARNOLD, ROSALIND | |
| STREET ADDRESS | 3616 MAGNOLIA PT BV | |
| CITY-ST-ZIP | GREEN COVE SPRINGS FL | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | ROYAL, BERT V. | |
| STREET ADDRESS | 3616 MAGNOLIA PT BV | |
| CITY-ST-ZIP | GREEN COVE SPRINGS FL | |
| TITLE | Director | <input type="checkbox"/> Delete |
| NAME | Karen Cummings | |
| STREET ADDRESS | 3616 Magnolia Pt Blvd | |
| CITY-ST-ZIP | Green Cove Springs, FL 32043 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | President, Secy. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | See addition | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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:

SIGNATURE REQUIRED

01/24/01

904-269-4600

Date

Daytime Phone #

CR2E037 (10/00)