

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90093 026 ****61.25

0057790

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

6028 CHESTER AVE

P.O. Box 57911

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202

City & State

City & State

JACKSONVILLE, FL

JACKSONVILLE, FL

Zip

Country

Zip

Country

32217

U.S.A.

32241

USA

4. FEI Number

59-2874651

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **PATRICK R. PENN**

Street Address (P.O. Box Number is Not Acceptable)

6028 CHESTER AVE

202

City **JACKSONVILLE**

FL

Zip Code

32217

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

PATRICK R. PENN

3/29/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHAD, THOMAS	
STREET ADDRESS	3616 MAGNOLIA POINT BV	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ARNOLD, ROSALIND	
STREET ADDRESS	3616 MAGNOLIA PT BV	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	P/S	<input checked="" type="checkbox"/> Delete
NAME	ROYAL, BERT V.	
STREET ADDRESS	3616 MAGNOLIA PT BV	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CUMMINGS, KAREN	
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		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, MITCHELL R.	
STREET ADDRESS	6028 CHESTER AVE #202	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUDOLPH, MAURICE	
STREET ADDRESS	6028 CHESTER AVE #202	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HITE, PARSY A	
STREET ADDRESS	6028 CHESTER AVE #202	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cindy Jones	
STREET ADDRESS	6028 Chester Ave #202	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig Scott	
STREET ADDRESS	6028 Chester Ave #202	
CITY-ST-ZIP	Jacksonville, FL 32217	
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:

MAURICE RUDOLPH

904-260-9283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)