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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26430 (1)
1. Corporation Name
MAGNOLIA CHASE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business Mailing Address
1411 N. WESTSHORE BLVD SUITE 310 TAMPA FL 33607 US
1411 N. WESTSHORE BLVD SUITE 310 TAMPA FL 33607-4537 US

3. Date Incorporated or Qualified 05/13/1988
3a. Date of Last Report 03/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2960803	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent UNIQUE PROPERTY SERVICES, INC. 1411 N. WESTSHORE BLVD. SUITE 310 TAMPA FL 33607	10. Name and Address of New Registered Agent
B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)
B3	B4 City
	FL B5 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P.D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUNAS, GEORGE	1.2 NAME	George Wortley
STREET ADDRESS	8902 MAGNOLIA CHASE CIR	1.3 STREET ADDRESS	8916 Magnolia Chase Circle
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33647
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CREECH, LOTTIE	2.2 NAME	Rick Redford
STREET ADDRESS	8929 MAGNOLIA CHASE CIR	2.3 STREET ADDRESS	8935 Magnolia Chase Circle
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33647
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREFZER, WILLIAM	3.2 NAME	
STREET ADDRESS	8943 MAGNOLIA CHASE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEATTIE, VERONIKA	4.2 NAME	Perry Kahler
STREET ADDRESS	8934 MAGNOLIA CHASE CIR	4.3 STREET ADDRESS	8927 Magnolia Chase Circle
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33647
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNOOP, PETER 'CHIP'	5.2 NAME	Tassie Brautigam
STREET ADDRESS	8941 MAGNOLIA CHASE CIRCLES	5.3 STREET ADDRESS	8931 Magnolia Chase Circle
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL 33647
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____ 2-13-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047553

CR2E037 (9/96)