

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N26430 (1)**

1. Corporation Name  
**MAGNOLIA CHASE NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business <b>1411 N. WESTSHORE BLVD SUITE 310 TAMPA FL 33607 US</b>	Mailing Address <b>1411 N. WESTSHORE BLVD SUITE 310 TAMPA FL 33607 US</b>
--	--

3. Date Incorporated or Qualified <b>05/13/1988</b>	
4. FEI Number <b>59-2960803</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>115 50 Dale Mabry Suite #300</b>	Suite, Apt. #, etc. <b>115 50 Dale Mabry #300</b>
City & State <b>Tampa, Florida</b>	City & State <b>Tampa, Florida</b>
Zip <b>33609</b>	Country <b>Hillsborough</b>
<b>24</b>	<b>30</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) <b>115 50 Dale Mabry Suite #300</b>	
83	
84 City <b>Tampa</b>	85 Zip Code <b>FL 33609</b>

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	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WORTLEY, GEORGE</b>	
STREET ADDRESS <b>8916 MAGNOLIA CHASE CR</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>REDFORD, RICH</b>	
STREET ADDRESS <b>8935 MAGNOLIA CHASE CR</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>TREFZER, WILLIAM</b>	
STREET ADDRESS <b>8943 MAGNOLIA CHASE CIRCLE</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>KAHLER, PERRY</b>	
STREET ADDRESS <b>8927 MAGNOLIA CHASE CR</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>BRAUTIGAM, TASSIE</b>	
STREET ADDRESS <b>8931 MAGNOLIA CHASE CR</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>FERN RABIL</b>	
1.3 STREET ADDRESS <b>8939 MAGNOLIA CHASE CIRCLE</b>	
1.4 CITY-ST-ZIP <b>TAMPA, FLORIDA 33647</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>JUDITH IVEY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS <b>8908 MAGNOLIA CHASE CIRCLE</b>	
4.4 CITY-ST-ZIP <b>TAMPA, FLORIDA 33647</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <b>ELIZABETH WORTLEY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS <b>8916 MAGNOLIA CHASE CIRCLE</b>	
6.4 CITY-ST-ZIP <b>TAMPA, FLORIDA 33647</b>	

14. 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 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 \_\_\_\_\_ **Tassie J. Brautigam**

CR2E037 (10/97)