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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26430

1. Corporation Name

MAGNOLIA CHASE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

115 SO. DALE MABRY SUITE
 SUITE 300
 TAMPA FL 33609
 US

Mailing Address

115 SO. DALE MABRY
 SUITE 300
 TAMPA FL 33609
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/13/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2960803	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For	
				Not Applicable	
				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent

UNIQUE PROPERTY SERVICES, INC.
 115 SO. DALE MABRY
 SUITE 300
 TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	John Halliwell TD
NAME	RABIL, FERN	1.2 NAME	5916 Magnolia Chase Circle
STREET ADDRESS	8939 MAGNOLIA CHASE CIR	1.3 STREET ADDRESS	Tampa FL 33647
CITY-ST-ZIP	TAMPA FL 33647	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	Don Simmons VD
NAME	REDFORD, RICH	2.2 NAME	8905 Magnolia Chase Cir.
STREET ADDRESS	8935 MAGNOLIA CHASE CR	2.3 STREET ADDRESS	Tampa FL 33647
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	John Thompson PD
NAME	TREFZER, WILLIAM	3.2 NAME	5949 Magnolia Chase Circle
STREET ADDRESS	8943 MAGNOLIA CHASE CIRCLE	3.3 STREET ADDRESS	Tampa FL 33647
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	PD
NAME	IVEY, JUDITH	4.2 NAME	
STREET ADDRESS	8908 MAGNOLIA CHASE CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	Judy Burgess SD
NAME	BRAUTIGAM, TASSIE	5.2 NAME	5902 Magnolia Chase Circle
STREET ADDRESS	8931 MAGNOLIA CHASE CR	5.3 STREET ADDRESS	Tampa FL 33647
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	Pearl Kohler D
NAME	WORTLEY, ELIZABETH	6.2 NAME	5127 Magnolia Chase Cir.
STREET ADDRESS	8916 MAGNOLIA CHASE CIR	6.3 STREET ADDRESS	Tampa FL 33647
CITY-ST-ZIP	TAMPA FL 33647	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)