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Apr 30, 1999 8:00 am
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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 05/13/1988	4. FEI Number 59-2960803	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	John Kellner TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Don Simmons VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 <input checked="" type="checkbox"/> DELETE	3.1 TITLE	John Thompson D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREFZER, WILLIAM	3.2 NAME	8949 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 <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Judy Burgess SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAUTIGAM, TASSIE	5.2 NAME	8902 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 <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Pearly Kohler D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WORTLEY, ELIZABETH	6.2 NAME	8927 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)(l), 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: _____ DATE _____ DAYTIME PHONE # _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)