

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N26430

FILED
Aug 30, 2002
Secretary of State

Entity Name: MAGNOLIA CHASE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2960803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HELLWEG, JOHN
Address: 89140 MAGNOLIA CHASE CIR
City-St-Zip: TAMPA, FL

Title: SD () Delete
Name: THOMPSON, JOHN
Address: 8943 MAGNOLIA CHASE CIRCLE
City-St-Zip: TAMPA, FL

Title: TD () Delete
Name: REDFORD, RICK
Address: 893 S MAGNOLIA CHASE CR
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: MANTIZ, MARK
Address: 8912 MAGNOLIA CHASE CR
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HELLWEG

PD

08/30/2002

Electronic Signature of Signing Officer or Director

Date