

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26430

FILED
May 09, 2006
Secretary of State

Entity Name: MAGNOLIA CHASE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1207 N. HIMES AVE.
SUITE 3
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

1207 N. HIMES AVE.
SUITE 3
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-2960803 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

UNIQUE PROPERTY SERVICES, INC.
1207 N. HIMES AVE.
SUITE
TAMPA, FL 33607 US

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: D () Delete
Name: WIEST, GARY
Address: 8939 MAGNOLIACHASE CIRLCE
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: SANTAMARIA, JOHN
Address: 8948 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: BEATTIE, VERONIKA
Address: 8934 MAGNOLIA CHASE CIRCLE
City-St-Zip: TAMPA, FL 33647

Title: PD () Delete
Name: WORTLEY, ELIZABETH
Address: 8916 MAGNOLIA CHASE CIRCLE
City-St-Zip: TAMPA, FL 33647

Title: D (X) Delete
Name: DUNBAR, DOUG
Address: 8902 MAGNOLIACHASE CIR
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:

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 Chapter 119, 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: ELIZABETH WORTLEY

PD

05/09/2006

Electronic Signature of Signing Officer or Director

Date