

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 25, 1999 8:00 am
Secretary of State

06-25-1999 90010 020 ****71.00

DOCUMENT # **N93000000515**

1. Corporation Name

MAGNOLIA VILLAGE I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1513 N HARBOR CITY BLVD
MELBOURNE FL 32935
US

Mailing Address

1513 N HARBOR CITY BLVD
MELBOURNE FL 32935
US



2. Principal Place of Business

21 **760 NORTH DRIVE**

Suite, Apt. #, etc.

22 **#D**

City & State

23 **MELBOURNE, FL**

Zip

24 **32934**

Country

25 **BREVARD**

2a. Mailing Address

26 **760 NORTH DRIVE**

Suite, Apt. #, etc.

27 **#D**

City & State

28 **MELBOURNE, FL**

Zip

29 **32934**

Country

30 **BREVARD**

3. Date Incorporated or Qualified

02/09/1993

4. FEI Number

59-3213829

Applied For

Not Applicab

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**PLATINUM COAST MANAGEMENT
1513 N HARBOR CITY BLVD
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

760 NORTH DRIVE

83 **#D**

84 City

MELBOURNE

FL

85 Zip Code

32934

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

TITLE **DP** DELETE
NAME **LIEBERMAN, RON**
STREET ADDRESS **3860 TOWN SQUARE BLVD**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **DS** DELETE
NAME **LIEBERMAN, GINGER**
STREET ADDRESS **3860 TOWN SQUARE BLVD**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **DT** DELETE
NAME **CAREY, JAMES F**
STREET ADDRESS **402 HIGH POINT DR.**
CITY-ST-ZIP **COCOA FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** Change Add
1.2 NAME **JAMES CAREY**
1.3 STREET ADDRESS **3894 VERANDA CT**
1.4 CITY-ST-ZIP **MELBOURNE, FL 32901**

2.1 TITLE **DS** Change Add
2.2 NAME **PATRICIA BRIER**
2.3 STREET ADDRESS **3898 VERANDA CT**
2.4 CITY-ST-ZIP **MELBOURNE, FL 32901**

3.1 TITLE **DT** Change Add
3.2 NAME **JAMES NUSL**
3.3 STREET ADDRESS **3895 VERANDA CT**
3.4 CITY-ST-ZIP **MELBOURNE, FL 32901**

4.1 TITLE Change Add
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Add
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Add
6.2 NAME
6.3 STREET ADDRESS
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**

6/21/99

Date

Daytime Phone #