

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90172 039 ****61.25

DOCUMENT # N93000000515

1. Entity Name

MAGNOLIA VILLAGE I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% GLOBAL REALTY SPECIALISTS, INC.
 200 WILLARD ST., SUITE 2B
 COCOA FL 32922
 US

Suite 2F

% GLOBAL REALTY SPECIALISTS, INC.
 200 WILLARD ST., SUITE 2B
 COCOA FL 32922-8002
 US

Suite 2F

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3213829

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Gayle Jones

~~PLATINUM COAST MANAGEMENT~~ Global Realty
 760 NORTH DR Specialists, Inc. St 2F
~~40~~ 200 Willard St.
~~MELBOURNE FL 32934~~ Cocoa, FL 32922

Name

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

City

FL

Zip Code

8. 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

Gayle Jones Property Manager

4/6/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	CAREY, JAMES	
STREET ADDRESS	3894 VERANDA CT	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BREIER, PATRICIA	
STREET ADDRESS	3898 VERANDA CT	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	DT	<input type="checkbox"/> Delete
NAME	NUSL, JAMES	
STREET ADDRESS	3895 VERANDA CT	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James F. Carey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/00

CR2E037 (9/99)