

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

0028335

**DOCUMENT # N93000000515**

1. Entity Name

**MAGNOLIA VILLAGE I CONDOMINIUM ASSOCIATION, INC.**

03-15-2001 90019 026 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite 2-B*

*Suite 2-B*

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3213829**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, GAYLE**  
 200 WILLARD ST. *Suite 2B*  
 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

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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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		
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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:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *President* **Date** *2/19/01* **Daytime Phone #** *(321) 674-5702*

CR2E037 (10/00)