2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2006
Secretary of State

DOCUMENT# N99000000761

Entity Name: SWEET MAGNOLIA PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8648 SWEET MAGNOLIA PLACE
SEMINOLE, FL 33777

New Principal Place of Business:

Current Mailing Address:

8648 SWEET MAGNOLIA PLACE
SEMINOLE, FL 33777

New Mailing Address:

FEI Number: 59-3559381 **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:

GOLDSTEIN, JOE
8648 SWEET MAGNOLIA PLACE
SEMINOLE, FL 33777 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: PRES ( ) Delete
Name: DEI, BARBARA
Address: 8622 SWEET MAGNOLIA
City-St-Zip: SEMINOLE, FL 33777

Title: VPD ( ) Delete
Name: SIMPSON, CAROL
Address: 8542 SWEET MAGNOLIA
City-St-Zip: SEMINOLE, FL 33777

Title: TRE ( ) Delete
Name: GOLDSTEIN, JOE
Address: 8630 SWEET MAGNOLIA PLACE
City-St-Zip: SEMINOLE, FL 33777

Title: S ( ) Delete
Name: STANARD, VALARIE
Address: 8578 SWEET MAGNLIA
City-St-Zip: SEMINOLE, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SIMPSON, CAROL
Address: 8542 SWEET MAGNOLIA
City-St-Zip: SEMINOLE, FL 33777

Title: VPD (X) Change ( ) Addition
Name: DEI, BARBARA
Address: 8622 SWEET MAGNOLIA
City-St-Zip: SEMINOLE, FL 33777

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: JOE GOLDSTEIN TRES 05/13/2006
Electronic Signature of Signing Officer or Director Date