

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jun 04, 2003 8:00 am**  
**Secretary of State**

06-04-2003 90098 029 \*\*\*\*61.25

UBR0300

**DOCUMENT # N99000000761**

1. Entity Name  
**SWEET MAGNOLIA PLACE HOMEOWNERS ASSOCIATION, INC**



Principal Place of Business      Mailing Address  
**8648 SWEET MAGNOLIA PLACE**      **8648 SWEET MAGNOLIA PLACE**  
**SEMINOLE FL 33777**                      **SEMINOLE FL 33777**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3559381</b>				Applied For			
				Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>SMITH, THOMAS A</b> <b>8648 SWEET MAGNOLIA PLACE</b> <b>SEMINOLE FL 33777</b>			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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST*ZIP	<b>PRES TOTH, PATRICIA E</b> <b>8580 SWEET MAGNOLIA PLACE</b> <b>SEMINOLE FL 33777</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD STAR, KAREN</b> <b>8540 SWEET MAGNOLIA PLACE</b> <b>SEMINOLE FL 33777</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRE DEI, BARBARA</b> <b>8622 SWEET MAGNOLIA PLACE</b> <b>SEMINOLE FL 33777</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR STASKO, KATHY</b> <b>8620 SWEET MAGNOLIA PLACE</b> <b>SEMINOLE FL 33777</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **Patricia Toth**      5/30/03      767-393-8838

CR2E037 (10/02)