

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000005592 (0)  
1. Corporation Name

MAGNOLIA OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
503 NORTH ORLANDO AVE.  
SUITE 105  
COCOA BEACH FL 32931

Mailing Address  
503 NORTH ORLANDO AVE.  
SUITE 105  
COCOA BEACH FL 32931

3. Date Incorporated or Qualified  
11/14/1994

3a. Date of Last Report  
05/01/1995

|                                |                         |                                                                                                                                                                   |                                   |
|--------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     | 4. FEI Number<br>59-3289555                                                                                                                                       | Applied For<br>Not Applicable     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                      | \$8.75 Additional<br>Fee Required |
| 22. City & State               | 27. City & State        | 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                             | \$5.00 May Be<br>Added to Fees    |
| 23. Zip                        | 28. Zip                 | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| 24. Country                    | 29. Country             |                                                                                                                                                                   |                                   |

9. Name and Address of Current Registered Agent

SHOEMAKER, JOHN B  
503 NORTH ORLANDO AVE.  
SUITE 105  
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code  
FL

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          | DPT                           | <input type="checkbox"/> DELETE |
| NAME           | SHOEMAKER, JOHN B             |                                 |
| STREET ADDRESS | 503 N. ORLANDO AVE., STE. 105 |                                 |
| CITY-ST-ZIP    | COCOA BEACH FL 32931          |                                 |
| TITLE          | D                             | <input type="checkbox"/> DELETE |
| NAME           | PLUM, VICTORIA L              |                                 |
| STREET ADDRESS | 503 N. ORLANDO AVE., STE. 105 |                                 |
| CITY-ST-ZIP    | COCOA BEACH FL 32931          |                                 |
| TITLE          | DS                            | <input type="checkbox"/> DELETE |
| NAME           | LEE, SYLVIA                   |                                 |
| STREET ADDRESS | 503 N. ORLANDO AVE., STE. 105 |                                 |
| CITY-ST-ZIP    | COCOA BEACH FL 32931          |                                 |
| TITLE          | V                             | <input type="checkbox"/> DELETE |
| NAME           | KODSI, ALBERT                 |                                 |
| STREET ADDRESS | 503 N. ORLANDO AVE., STE. 105 |                                 |
| CITY-ST-ZIP    | COCOA BEACH FL 32931          |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John B. Shoemaker

4/29/95

4077843266

Daytime Phone #

CR2E037 (12/95)