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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005592

1. Corporation Name

MAGNOLIA OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

599 ROUZER ST
APOPKA FL 32712
US

Mailing Address

599 ROUZER ST
APOPKA FL 32712
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/14/1994

4. FEI Number

59-3289555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DADISMAN, MATTHEW T
309 BAY ST
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name **Michael McMaster**
82 Street Address (P.O. Box Number is Not Acceptable)
261 Bay Street
83
84 City **Apopka** **FL** 85 Zip Code **32712**

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 **DP** ☐ DELETE
NAME **DADISMAN, MATTHEW T**
STREET ADDRESS **309 BAY ST**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **DV** ☐ DELETE
NAME **BALLARD, JERRY**
STREET ADDRESS **280 BAY ST**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **DT** ☐ DELETE
NAME **SANTIGATA, FRANK**
STREET ADDRESS **274 BAY ST**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **DS** ☐ DELETE
NAME **POLLOCK, SHARON**
STREET ADDRESS **190 BAY ST**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **Michael McMaster**
1.3 STREET ADDRESS **261 Bay Street**
1.4 CITY-ST-ZIP **Apopka, FL 32712**

2.1 TITLE **DV** ☒ Change ☐ Addition
2.2 NAME **Ryan Ailes**
2.3 STREET ADDRESS **261 Bay Street**
2.4 CITY-ST-ZIP **Apopka, FL 32712**

3.1 TITLE **DT** ☒ Change ☐ Addition
3.2 NAME **Jerry Ballard**
3.3 STREET ADDRESS **280 Bay St**
3.4 CITY-ST-ZIP **Apopka, FL 32712**

4.1 TITLE **DS** ☒ Change ☐ Addition
4.2 NAME **Beverly Ballard**
4.3 STREET ADDRESS **280 Bay St**
4.4 CITY-ST-ZIP **Apopka, FL 32712**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Michael McMaster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99

Date

Daytime Phone #

CR2E037- (1/1/98)