

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005592

1. Entity Name

MAGNOLIA OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

599 ROUZER ST
APOPKA FL 32712
US

Mailing Address

599 ROUZER ST
APOPKA FL 32712-3651
US

2. Principal Place of Business

444 W. New England Ave.
Suite B
Winter Park, FL
32789

3. Mailing Address

444 W. New England Ave.
Suite B
Winter Park, FL
32789

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3289555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCMaster, MICHAEL
261 BAY STREET
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name

BRETT M. JORDAN

Street Address (P.O. Box Number is Not Acceptable)

444 W. New England Ave ; Suite B
City Winter Park, FL FL Zip Code 32789

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

TITLE DP
NAME MCMaster, MICHAEL
STREET ADDRESS 261 BAY STREET
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE DT
NAME BALLARD, JERRY
STREET ADDRESS 280 BAY ST
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE DT
NAME SANTIGATA, FRANK
STREET ADDRESS 274 BAY ST
CITY-ST-ZIP APOPKA FL 32712 ☒ Delete

TITLE DS
NAME POLLOCK, SHARON
STREET ADDRESS 190 BAY ST
CITY-ST-ZIP APOPKA FL 32712 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV
NAME Ryan AUGS
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE DS
NAME BEVERLY BALLARD
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90086 003 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)