2002 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2002 8:00 am Secretary of State DOCUMENT # N01000002487 1. Entity Name 02-14-2002 90096 046 ****61.25 MAGNOLIA COURT HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 377 SE 5TH AVE 277 SE 5TH AVE DELRAY BEACH FL 33483 **DELRAY BEACH FL 33483** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GLICKSTEIN, CARY **277 SE 5TH AVE DELRAY BEACH FL 33483** City Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition DPV ☐ Delete TITLE TITLE GLICKSTEIN, CARY NAME NAMÉ STREET ADDRESS STREET ADDRESS 277 SE 5TH AVE CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Change ☐ Addition ☐ Delete TITLE TITLE GLICKSTEIN, CARY NAME STREET ADDRESS STREET ADDRESS 277 SE 5TH AVE CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME WRIGHT, MICHAEL NAME STREET ADDRESS STREET ADDRESS 277 SE 5TH AVE CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ Change Addition TITLE ☐ Delete NAME FARR, KEVIN NAME STREET ADDRESS STREET ADDRESS 277 SE 5TH AVE CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33483 □ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 and powered 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: