

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90051 033 ****61.25

DOCUMENT # N01000002487

1. Entity Name
MAGNOLIA COURT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
277 SE 5TH AVE
DELRAY BEACH, FL 33483

Mailing Address
277 SE 5TH AVE
DELRAY BEACH, FL 33483



2. Principal Place of Business
% H2azg Management Inc
Suite, Apt. #, etc. **Suite 138**
2295 NW Corporate Blvd
City & State **Boca Raton FL**
Zip **33431** Country (Country) **USA - Palm Beach**

3. Mailing Address
% H2azg Management Inc
Suite, Apt. #, etc. **Suite 138**
2295 NW Corporate Blvd
City & State **Boca Raton, FL**
Zip **33431** Country **(Palm) USA Beach**

02042005 Chg-NP CR2E037 (10/03)

4. FEI Number
04-3655630

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GLICKSTEIN, CARY
277 SE 5TH AVE
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent
Name **H2azg Management Inc.**
Street Address (P.O. Box Number is Not Acceptable) **2295 NW Corporate Blvd**
Suite 138
City **Boca Raton** FL Zip Code **33431**

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 **Lawrence J. Morina III - Property Manager (Magnolia Court HOA)** DATE **3/15/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV GLICKSTEIN, CARY 277 SE 5TH AVE DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tom Moore 310 Taxedo Lane West Palm Beach FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GLICKSTEIN, CARY 277 SE 5TH AVE DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Carol Anderson 311 Flamingo Dr. West Palm Beach FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, MICHAEL 277 SE 5TH AVE DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treas. (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Eric Sain 316 N. Bromelard West Palm Beach FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARR, KEVIN 277 SE 5TH AVE DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: **L. Moore** **3-29-05** **838 9066**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #