

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005592

FILED  
Apr 25, 2006  
Secretary of State

**Entity Name:** MAGNOLIA OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

882 JACKSON AVE.  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

882 JACKSON AVE.  
WINTER PARK, FL 32789 US

**New Mailing Address:**

**FEI Number:** 59-3289555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRACKIN, ANDREA L  
882 JACKSON AVE.  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FITZPATRICK, DWAYNE  
Address: 281 MEGAN BETH ROAD  
City-St-Zip: APOPKA, FL 32712

Title: STD ( ) Delete  
Name: JACKSON, SHANE  
Address: 275 MEAGEN BETH RD  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: DAGUE, LISETTE  
Address: 261 BAY ST.  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: STD (X) Change ( ) Addition  
Name: BENTZ, THOMAS  
Address: 263 MEGAN BETH ROAD  
City-St-Zip: APOPKA, FL 32712

Title: PD (X) Change ( ) Addition  
Name: JACKSON, SHANE  
Address: 275 MEAGEN BETH RD  
City-St-Zip: APOPKA, FL 32712

Title: VD (X) Change ( ) Addition  
Name: MACHOVINA, LISETTE  
Address: 261 BAY ST.  
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANE JACKSON

PD

04/25/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date