I hereby 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 all other like empowered.

PRESIDENT

SIGNATURE: CAROLYN FOSTER

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA NOT FOR PROFIT CORPOR	RATION ANNUAL REPORT

DOCUMENT# N00548

Entity Name: MAGNOLIA POINTE NEIGHBORHOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

Current Mailing Address:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US

FEI Number: 59-2473436

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US

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:	BRADLEY POMP
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Officer/Director Detail :				
Title	PRESIDENT, DIRECTOR	Title	SECRETARY, DIRECTOR	
Name	FOSTER, CAROLYN	Name	MITCHELL, GINA	
Address	2180 WEST SR 434 STE 5000	Address	2180 WEST SR 434 STE 5000	
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779	

FILED Mar 25, 2017 Secretary of State CC9929474628

Certificate of Status Desired: No

03/25/2017 Date

03/25/2017 Date