

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N01000002487

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

**FILED**  
**Jun 25, 2018**  
**Secretary of State**  
**CC0703447983**

**Current Principal Place of Business:**

C/O SYNERGYCAMS  
12161 KEN ADAMS WAY SUITE 177  
WELLINGTON, FL 33414

**Current Mailing Address:**

C/O SYNERGYCAMS  
12161 KEN ADAMS WAY SUITE 177  
WELLINGTON, FL 33414 US

**FEI Number: 04-3655630**

**Certificate of Status Desired: No**

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

WYANT-CORTEZ & CORTEZ CHARTERED PA  
840 US HIGHWAY ONE  
SUITE 345  
NORTH PALM BEACH, FL 33408 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: CLAIRE WYANT CORTEZ**

**06/25/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SAIN, ERIC  
Address        C/O SYNERGYCAMS  
                  12161 KEN ADAMS WAY SUITE 177  
City-State-Zip: WELLINGTON FL 33414

Title            DIR  
Name            BENJAMIN, PAIGE ARNOLD  
Address        C/O SYNERGYCAMS  
                  12161 KEN ADAMS WAY SUITE 177  
City-State-Zip: WELLINGTON FL 33414

Title            TREASURER  
Name            MASRI, MIMI  
Address        C/O SYNERGYCAMS  
                  12161 KEN ADAMS WAY SUITE 177  
City-State-Zip: WELLINGTON FL 33414

Title            VP  
Name            BAKER, LAUREL  
Address        C/O SYNERGYCAMS  
                  12161 KEN ADAMS WAY SUITE 177  
City-State-Zip: WELLINGTON FL 33414

Title            SECRETARY  
Name            MILLER, CARL  
Address        C/O SYNERGYCAMS  
                  12161 KEN ADAMS WAY SUITE 177  
City-State-Zip: WELLINGTON FL 33414

*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.*

**SIGNATURE: SAIN, ERIC**

**PRESIDENT**

**06/25/2018**

Electronic Signature of Signing Officer/Director Detail

Date