

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006662

Entity Name: MAGNOLIA BAY GARDENS HOMEOWNERS ASSOCIATION, INC.**FILED**
Mar 30, 2020
Secretary of State
9387876367CC**Current Principal Place of Business:**C/O CAPITAL REALTY ADVISORS, INC.
600 SANDTREE DRIVE, SUITE 109
PALM BEACH GARDENS, FL 33403**Current Mailing Address:**C/O CAPITAL REALTY ADVISORS, INC.
600 SANDTREE DRIVE, SUITE 109
PALM BEACH GARDENS, FL 33403 US**FEI Number:** 52-2377525**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KONYK & LEMME PLLC
140 INTRACOASTAL POINTE DRIVE
#310
JUPITER, FL 33477 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:** CHELLE KONYK

03/30/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	SURO, MARION
Address	4720 DOVEHILL DR
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	PRESIDENT
Name	CORCORAN, ROBERT
Address	5700 MAGNOLIA BAY CIRCLE
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	TREASURER
Name	STEWART, MARGIE
Address	5129 MAGNOLIA BAY CIRCLE
City-State-Zip:	PALM BEACH GARDENS, FL 33410

Title	1ST VP
Name	HARSIN, RITA
Address	5123 MAGNOLIA BAY CIR
City-State-Zip:	PALM BEACH GARDENS, FL 33410

Title	2ND VP
Name	BARBUTO, FERNANDO
Address	5165 MAGNOLIA BAY CIR
City-State-Zip:	PALM BEACH GARDENS, FL 33410

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: ROBERT CORCORAN**PRESIDENT**

03/30/2020

Electronic Signature of Signing Officer/Director Detail

Date