

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005022

Entity Name: MAGNOLIA FOREST HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**635 SPARKLEBERRY BLVD
QUINCY, FL 32351**Current Mailing Address:**PO BOX 6
QUINCY, FL 32353 US**FEI Number:** 20-2641711**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GORNIAK, GERARD
635 SPARKLEBERRY BLVD
QUINCY, FL 32351 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:** GERARD GORNIAK

03/07/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name GORNIAK, GERARD
Address 635 SPARKLEBERRY BLVD
City-State-Zip: QUINCY FL 32351

Title VP
Name MILTON, KEITH
Address 440 OAK GROVE LN
City-State-Zip: QUINCY FL 32351

Title SECRETARY
Name GRAHAM, ARRIANE
Address 395 FOXFIRE CT
City-State-Zip: QUINCY FL 32351

Title TREASURER
Name BRIDGES, SONJA
Address 585 SPARKLEBERRY BLVD
City-State-Zip: QUINCY FL 32351

Title DIRECTOR
Name JOHNSON, JACQUELINE
Address 780 SPARKLEBERRY BLVD
City-State-Zip: QUINCY FL 32351

Title DIRECTOR
Name DANIELS, LARRY
Address 665 SPARKLEBERRY BLVD
City-State-Zip: QUINCY FL 32351

Title DIRECTOR
Name MILLER, PATRICK
Address 115 OAK GROVE LN
City-State-Zip: QUINCY FL 32351

Title DIRECTOR
Name SHOATS, GREGORY
Address 840 SPARKLEBERRY BLVD
City-State-Zip: QUINCY FL 32351

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: SONJA D. BRIDGES

TREASURER

03/07/2020

Electronic Signature of Signing Officer/Director Detail

Date