2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400005022

Entity Name: MAGNOLIA FOREST HOMEOWNERS' ASSOCIATION, INC.

FILED Feb 16, 2021 **Secretary of State** 4016199937CC

Current Principal Place of Business:

780 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:

JOHNSON, JACQUELINE 780 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: JACQUELINE JOHNSON 02/16/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRES** Title

THORNTON, HAROLD Name Name GRAHAM, ARRAINE PO BOX 6 Address 395 FOXFIRE CT Address City-State-Zip: QUINCY FL 32351 QUINCY FL 32353 City-State-Zip:

Title **TREASURER** Title **SECRETARY**

Name BRIDGES, SONJA Name JOHNSON, JACQUELINE

Address 585 SPARKLEBERRY BLVD Address 780 SPARKLEBERRY BLVD

QUINCY FL 32351 City-State-Zip: City-State-Zip: QUINCY FL 32351

Title DIRECTOR **DIRECTOR** Title

Name MILLER, PATRICK DANIELS, LARRY Name Address 115 OAK GROVE LN 665 SPARKLEBERRY BLVD Address QUINCY FL 32351

City-State-Zip: City-State-Zip: QUINCY FL 32351

Title DIRECTOR

SHOATS, GREGORY Name

840 SPARKLEBERRY BLVD Address

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.

02/16/2021 SIGNATURE: HAROLD THORNTON **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date