

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003884

**FILED**  
**Apr 24, 2014**  
**Secretary of State**  
**CC6050229631**

**Entity Name:** MAGNOLIA POINTE OF SEMINOLE COUNTY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1942 W. COUNTY RD. 419  
SUITE 1030  
OVIEDO, FL 32766

**Current Mailing Address:**

1942 W. COUNTY RD. 419  
SUITE 1030  
OVIEDO, FL 32766 US

**FEI Number: 20-2814494**

**Certificate of Status Desired: No**

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

COMMUNITY MANAGEMENT SPECIALISTS, INC.  
1942 W. COUNTY RD. 419  
SUITE 1030  
OVIEDO, FL 32766 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: KEVIN DAVIS**

**04/24/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            BOUGHTER, TAMARA S  
Address        1942 W. COUNTY RD. 419  
                 SUITE 1030  
City-State-Zip: OVIEDO FL 32766

Title            VP  
Name            LINDSTROM, KURT H  
Address        1942 W. COUNTY RD. 419  
                 SUITE 1030  
City-State-Zip: OVIEDO FL 32766

Title            TREA  
Name            WONG, SABRINA  
Address        1942 W. COUNTY RD. 419  
                 SUITE 1030  
City-State-Zip: OVIEDO FL 32766

Title            SEC  
Name            PIERRE, CURTIS F  
Address        1942 W. COUNTY RD. 419  
                 SUITE 1030  
City-State-Zip: OVIEDO FL 32766

*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: TAMARA BOUGHTER**

**PRESIDENT**

**04/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date