

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007175

**FILED**  
**Mar 27, 2024**  
**Secretary of State**  
**3769938548CC**

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

**Current Principal Place of Business:**

10226 CURRY FORD ROAD  
SUITE 107 PMB 46  
ORLANDO, FL 32825

**Current Mailing Address:**

10226 CURRY FORD ROAD  
SUITE 107 PMB 46  
ORLANDO, FL 32825 US

**FEI Number:** 20-4719869

**Certificate of Status Desired:** No

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

APPLETON REISS, PLLC  
215 N. HOWARD AVENUE  
SUITE 200  
TAMPA, FL 33606 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:** ERIC N. APPLETON

03/27/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HILLSLEY, SHANE  
Address        10226 CURRY FORD ROAD  
                 SUITE 107 PMB 46  
City-State-Zip: ORLANDO FL 32825

Title            VP  
Name            WALLEN, DREW  
Address        10226 CURRY FORD ROAD  
                 SUITE 107 PMB 46  
City-State-Zip: ORLANDO FL 32825

Title            DIRECTOR  
Name            KAPLAN, MATT  
Address        10226 CURRY FORD ROAD  
                 SUITE 107 PMB 46  
City-State-Zip: ORLANDO FL 32825

Title            SECRETARY, TREASURER  
Name            BUONICONTI, VINCENT  
Address        10226 CURRY FORD ROAD  
                 SUITE 107 PMB 46  
City-State-Zip: ORLANDO FL 32825

Title            DIRECTOR  
Name            CROWLEY, JAMES  
Address        10226 CURRY FORD ROAD  
                 SUITE 107 PMB 46  
City-State-Zip: ORLANDO FL 32825

*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:** SHANE HILLSLEY

PRESIDENT

03/27/2024

Electronic Signature of Signing Officer/Director Detail

Date