

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007417

**Entity Name:** MAGNOLIA TRACE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

203 E. RICH AVENUE  
DELAND, FL 32724

**Current Mailing Address:**

203 E. RICH AVENUE  
DELAND, FL 32724 US

**FEI Number:** 20-5703921

**Certificate of Status Desired:** No

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

LOWMAN, WILLIAM R. JR., ESQ.  
SHUFFIELD, LOWMAN & WILSON, P.A.  
203 E. RICH AVENUE  
DELAND, FL 32724 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:** WILLIAM R. LOWMAN, JR.

04/26/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT, TREASURER  
Name OARE, ROBERT LENN III  
Address 13621 NW 112 AVENUE  
City-State-Zip: ALACHUA FL 32615

Title DIRECTOR, VP, SECRETARY  
Name NEALE, ELIZABETH OARE  
Address 9006 DAYFLOWER STREET  
City-State-Zip: PROSPECT KY 40059

Title DIRECTOR  
Name BROCKENBROUGH, AUSTIN IV  
Address LOWE, BROCKENBROUGH & CO.  
1802 BAYBERRY COURT SUITE 400  
City-State-Zip: RICHMOND VA 23226

*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 LENN OARE, III

PRESIDENT

04/26/2019

Electronic Signature of Signing Officer/Director Detail

Date