

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19715

**Entity Name:** THE MAGNOLIA GARDEN VILLAS ASSOCIATION, INC.

**FILED**  
**Jan 12, 2022**  
**Secretary of State**  
**6452319887CC**

**Current Principal Place of Business:**

1515 EAST SILVER SPRINGS BLVD  
SUITE 110  
OCALA, FL 34470

**Current Mailing Address:**

P.O. BOX 3305  
BELLEVIEW, FL 34421 US

**FEI Number: 59-2762267**

**Certificate of Status Desired: No**

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

GAHR, LOUIS J.  
1515 EAST SILVER SPRINGS BLVD  
SUITE 110  
OCALA, FL 34470 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: LOUIS J. GAHR**

**01/12/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VD  
Name NADEAU, KEN  
Address P.O. BOX 3305  
City-State-Zip: BELLEVIEW FL 34421

Title SD  
Name MEYER, LINDA  
Address P.O. BOX 3305  
City-State-Zip: BELLEVIEW FL 34421

Title TD  
Name WOOD, KATHY J. JR.  
Address P.O. BOX 3305  
City-State-Zip: BELLEVIEW FL 34421

Title D  
Name MOLHAN, LOU  
Address P.O. BOX 3305  
City-State-Zip: BELLEVIEW FL 34421

Title PD  
Name TROPELLO, BRAD  
Address P.O. BOX 3305  
City-State-Zip: BELLEVIEW FL 34421

*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: TROPELLO, BRAD**

**PD**

**01/12/2022**

Electronic Signature of Signing Officer/Director Detail

Date