

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19715

**FILED**  
**Jan 24, 2018**  
**Secretary of State**  
**CC7685385004**

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

**Current Principal Place of Business:**

309 MARION OAKS CRSE  
OCALA, FL 34473

**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.  
309 MARION OAKS CRSE  
OCALA, FL 34473 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

01/24/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title VD  
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:** LOU MOLHAN

PD

01/24/2018

Electronic Signature of Signing Officer/Director Detail

Date