

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26430

Entity Name: MAGNOLIA CHASE NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**1207 N. HIMES AVE.
SUITE 3
TAMPA, FL 33607**Current Mailing Address:**1207 N. HIMES AVE.
SUITE 3
TAMPA, FL 33607 US**FEI Number:** 59-2960803**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNIQUE PROPERTY SERVICES, INC.
1207 N. HIMES AVE.
SUITE
TAMPA, FL 33607 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	WIEST, GARY
Address	8939 MAGNOLIACHASE CIRLCE
City-State-Zip:	TAMPA FL 33647

Title	TREASURER
Name	REDFORD, RICK
Address	8935 S MAGNOLIA CHASE CR
City-State-Zip:	TAMPA FL 33647

Title	SECRETARY
Name	MCCALLUM, CHARLES
Address	8933 MAGNOLIA CHASE CIRCLE
City-State-Zip:	TAMPA FL 33647

Title	DIRECTOR
Name	GOSSETT, NINA
Address	8940 MAGNOLIA CHASE CR
City-State-Zip:	TAMPA FL 33647

Title	DIRECTOR
Name	PORTER, TOIMONIKO
Address	8923 MAGNOLIA CHASE CR
City-State-Zip:	TAMPA FL 33647

Title	DIRECTOR
Name	SIMMONS, DAVID
Address	8922 MAGNOLIA CHASE CR
City-State-Zip:	TAMPA FL 33647

Title	DIRECTOR
Name	RABIL, FERN
Address	8939 MAGNOLIA CHASE CR
City-State-Zip:	TAMPA FL 33647

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: GARY WIEST

PRESIDENT

04/27/2016

Electronic Signature of Signing Officer/Director Detail_____
Date