

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26430

Entity Name: MAGNOLIA CHASE NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**7709 GIBSONTON DR.
GIBSONTON, FL 33534**Current Mailing Address:**P.O BOX 2878
RIVERVIEW, FL 33568 US**FEI Number:** 59-2960803**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNIQUE PROPERTY SERVICES, INC.
7709 GIBSONTON DR.
GIBSONTON, FL 33534 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	TREASURER
Name	REDFORD, RICHARD
Address	8935 S MAGNOLIA CHASE CR
City-State-Zip:	TAMPA FL 33647

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

Title	DIRECTOR
Name	BEATTIE, MARTIN
Address	8934 MAGNOLIA CHASE CIRCLE
City-State-Zip:	TAMPA FL 33647

Title	SECRETARY
Name	SCOZZARI, PETER
Address	8908 MAGNOLIA CHASE CIRCLE
City-State-Zip:	TAMPA FL 33647

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

Title	OFFICER
Name	HILLARD, BRENDA
Address	8959 MAGNOLIA CHASE CIRCLE
City-State-Zip:	TAMPA FL 33647

Title	MANAGER
Name	MALLORY, CORINNE
Address	P.O BOX 2878
City-State-Zip:	RIVERVIEW FL 33568

Title	DIRECTOR
Name	SUTTON, SHARON
Address	8953 MAGNOLIA CHASE CIRCLE
City-State-Zip:	TAMPA FL 33647

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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: MALLORY, CORINNE**MANAGER****04/10/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	VP
Name	ESTRADA, YERI
Address	8916 MAGNOLIA CHASE CIRCLE
City-State-Zip:	TAMPA FL 33647