

**2021 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

**FILED**  
**Mar 30, 2021**  
**Secretary of State**  
**9281328652CC**

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

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

Title           VP  
Name           OTTE, BRIAN  
Address        8940 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           DIRECTOR  
Name           BEATTIE, MARTIN  
Address        8934 MAGNOLIA CHASE CIRCLE  
City-State-Zip: TAMPA FL 33647

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

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

**Continues on page 2**

*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: ALVAREZ, WILLIAM**

**MANAGER**

**03/30/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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