

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000000761

**FILED**  
**Feb 11, 2014**  
**Secretary of State**  
**CC0952535274**

**Entity Name:** SWEET MAGNOLIA PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8648 SWEET MAGNOLIA PLACE  
SEMINOLE, FL 33777

**Current Mailing Address:**

8648 SWEET MAGNOLIA PLACE  
SEMINOLE, FL 33777

**FEI Number: 59-3559381**

**Certificate of Status Desired: No**

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

GOLDSTEIN, JOSEPH A  
8630 SWEET MAGNOLIA PLACE  
SEMINOLE, FL 33777 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            PRES  
Name            GOLDSTEIN, JOSEPH A  
Address        8630 SWEET MAGNOLIA PL  
City-State-Zip: SEMINOLE FL 33777

Title            VP  
Name            DEI, BARBARA  
Address        8622 SWEET MAGNOLIA PL  
City-State-Zip: SEMINOLE FL 33777

Title            TREA  
Name            SIMPSON, CAROL A  
Address        8542 SWEET MAGNOLIA PL  
City-State-Zip: SEMINOLE FL 33777

Title            SEC  
Name            STEELE, VALERIE  
Address        2074 ENVOY CT.  
City-State-Zip: CLEARWATER FL 33764

*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: CAROL A. SIMPSON**

**TREASURER**

**02/11/2014**

Electronic Signature of Signing Officer/Director Detail

Date