	l entity submits this statement for the purpose of changing it		0	
SIGNATURE	MARY O. KENNEDY		0	2/01/2022
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	VP	Title	PRESIDENT	
Name	SOULIERS, RANDY	Name	KENNEDY, MARY O.	
Address	4069 71ST WAY N.	Address	4337 72ND WAY N.	
City-State-Zip:	SAINT PETERSBURG FL 33709	City-State-Zip:	SAINT PETERSBURG FL 33709	
Title	TREASURER	Title	DIRECTOR	
Name	MCLAINE, MARLENE	Name	HENDERSON, ANNE	
Address	4050 71ST ST. N.	Address	4302 72ND WAY N	
City-State-Zip:	SAINT PETERSBURG FL 33709	City-State-Zip:	SAINT PETERSBURG FL 33709	
Title	DIRECTOR	Title	SECRETARY	
Name	BARTO, BILL	Name	DEGRANDCHAMP, DEBRA	
Address	4332 72ND ST. N.	Address	4116 71ST LANE N	
City-State-Zip:	ST. PETERSBURG FL 33709	City-State-Zip:	ST. PETERSSBURG FL 33709	
Title	DIRECTOR	Title	DIRECTOR	
Name	KINSEY, RICK	Name	GILLIS, ALEX	
Address	4289 72ND WAY N.	Address	4328 72ND WAY N.	
City-State-Zip:	ST. PETERSBURG FL 33709	City-State-Zip:	ST. PETERSSBURG FL 33709	
		Continues of		

Name and Address of Current Registered Agent:

Entity Name: MAGNOLIA MANOR HOME OWNERS ASSOCIATION, INC.

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

4190 71ST ST. NORTH ST. PETERSBURG, FL 33709

DOCUMENT# H31380

Current Mailing Address:

4190 71ST ST. NORTH ST. PETERSBURG. FL 33709

FEI Number: 59-2467441

Certificate of Status Desired: Yes

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY O KENNEDY

PRESIDENT

02/01/2022 Date

Electronic Signature of Signing Officer/Director Detail

FILED Feb 01, 2022 Secretary of State 9945916206CC

Officer/Director Detail Continued :

Title	DIRECTOR
Name	O'CONNOR, PATRICIA
Address	4186 71ST LANE N.
City-State-Zip:	ST. PETERSSBURG FL 33709