

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717146

FILED
Feb 10, 2009
Secretary of State

Entity Name: MAGNOLIA VALLEY CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

7925 RAINTREE DRIVE
NEW PORT RICHEY, FL 346532203 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1151
NEW PORT RICHEY, FL 346561151 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TURNER, JEFFREY
7925 RAINTREE DRIVE
NEW PORT RICHEY, FL 346532203 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOGERS, ROGER
Address: 7602 SEQUOIA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: VP () Delete
Name: MUSGRAVE, RICHARD
Address: 7651 CAYUGA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: S () Delete
Name: YOLEN, LISA
Address: 7547 BIRDWOOD COURT
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: T () Delete
Name: TURNER, JEFFREY
Address: 7925 RAINTREE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: D () Delete
Name: LIPSEY, VIRGINIA
Address: 7601 CAYUGA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: D () Delete
Name: BREGMAN, HARRIET
Address: 7645 CAYUGA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARUSK, EJ
Address: 7432 SEQUOIA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: AMDERSON, JAMES
Address: 7642 CUMBER DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ARNOLD, YARDA
Address: 7528 CUMBER DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEFFREY S TURNER

T

02/10/2009

Electronic Signature of Signing Officer or Director

Date