

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724875

1. Entity Name

MAGNOLIA VALLEY CONDOMINIUM, INCORPORATED

Principal Place of Business

7201 DELL RD
2
NEW PORT RICHEY FL 34653
US

Mailing Address

BOX 1593
NEW PORT RICHEY FL 34656
US

2. Principal Place of Business

7201 Dell Rd.
Suite, Apt. #, etc.
#2

City & State

New Port Richey, Fla.

Zip Country
34653 USA

3. Mailing Address

Same as above
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 59-1790943

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, MARGARET D
7201 DELL RD
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name
Margaret D. Wright
Street Address (P.O. Box Number is Not Acceptable)
7201 Dell Road
Apt 2
City New Port Richey FL Zip Code 34653

8. 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 Margaret D. Wright

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 17, 2001
DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, NORMAN O 7201-2 DELL RD NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEPPER, HAROLD 7131-4 NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WRIGHT, MARGARET 7201-2 DELL RD. NEW PORT RICHEY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANQUIST, WARREN 7020-4 COGNAC DR. NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUNDSTROM, TED 7020-3 COGNAC DR. NEW PORT RICHEY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANQUIST, MADGE 7020-4 COGNAC DR NEW PORT RICHEY FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VB GOLL, FRANK 7050-4 Cognac Dr., NPR, Fla 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ted Carmack 7040-2 Cognac Drive New Port Richey, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Goonan 7040-1 Cognac Drive New Port Richey, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dick Hankins 7030-3 Cognac Drive New Port Richey, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret D. Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/2001

Date

(727) 849-7850

Daytime Phone

CR2E037 (10/00)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90011 011 ****61.25

00035468



DO NOT WRITE IN THIS SPACE