

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90824 038 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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
 APT 2
 NEW PORT RICHEY FL 34653**

7. Name and Address of New Registered Agent

Name **NORMAN O. WRIGHT**
 Street Address (P.O. Box Number is Not Acceptable)

City **7201 DELL ROAD - APT. 2
 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 *Norman O. Wright* **NORMAN O. WRIGHT, PRESIDENT** **3/19/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 **PD** ☐ Delete
 NAME **WRIGHT, NORMAN O**
 STREET ADDRESS **7201-2 DELL RD**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **VD** ☐ Delete
 NAME **GOLL, FRANK**
 STREET ADDRESS **7050-4 COGNAC DR.**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **ST** ☒ Delete
 NAME **WRIGHT, MARGARET**
 STREET ADDRESS **7201-2 DELL RD.**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ Delete
 NAME **SWANQUIST, WARREN**
 STREET ADDRESS **7020-4 COGNAC DR.**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **D** ☐ Delete
 NAME **SUNDSTROM, TED**
 STREET ADDRESS **7020-3 COGNAC DR.**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ Delete
 NAME **SWANQUIST, MADGE**
 STREET ADDRESS **7020-4 CPGNAC DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TREASURER** ☐ Change ☒ Addition
 NAME **NORMAN O. WRIGHT**
 STREET ADDRESS **7201 DELL RD. APT. 2**
 CITY-ST-ZIP **NEW PORT RICHEY, FL. 34653**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **RICHARD HARKINS**
 STREET ADDRESS **7030 COGNAC DR. APT. 3**
 CITY-ST-ZIP **NEW PORT RICHEY, FL. 34653**

TITLE **D** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Norman O. Wright* **NORMAN O. WRIGHT, PRESIDENT** **3/19/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)