

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90399 045 ****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, NORMAN O
7201 DELL RD
APT 2
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name

GOLL, FRANK J.

Street Address (P.O. Box Number is Not Acceptable)

City

**7050 COGNAC DRIVE APT. 4
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Frank J. Goll

FRANK J. GOLL, PRESIDENT

3/24/04

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME ☒ Delete
STREET ADDRESS
CITY-ST-ZIP
WRIGHT, NORMAN O
7201-2 DELL RD
NEW PORT RICHEY FL 34653

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
D
HARKINS, RICHARD
7030 COGNAC DR APT 3
NEW PORT RICHEY FL 34653

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

TITLE NAME ☒ Delete
STREET ADDRESS
CITY-ST-ZIP
D
SUNDSTROM, TED
7020-3 COGNAC DR.
NEW PORT RICHEY FL 34653

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
GOLL, FRANK J.
7050-4 COGNAC DR. NEW PORT RICHEY

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
DOUGLAS, PAUL
7131-3 DELL RD. NPR, FL. 34653

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

Frank J. Goll

FRANK J. GOLL, PRESIDENT 727 847-4149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #