

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002582

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** MAGNOLIA MANOR OF LAKE LAND HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 922  
KATHLEEN, FL 33849

**New Principal Place of Business:**

7979 APPLE BLOSSOM DR  
LAKE LAND, FL 33810

**Current Mailing Address:**

PO BOX 922  
KATHLEEN, FL 33849

**New Mailing Address:**

**FEI Number:** 59-3687583      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MALAVE, WILLIE  
7979 APPLE BLOSSOM DR.  
LAKE LAND, FL 33810      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: MALAVE, WILLIE  
Address: 7979 APPLE BLOSSOM DR.  
City-St-Zip: LAKE LAND, FL 33810

Title: VP ( ) Delete  
Name: MALAVE, CHRISTINA  
Address: 7979 APPLE BLOSSOM DR  
City-St-Zip: LAKE LAND, FL 33810

Title: TD ( ) Delete  
Name: CAMPBELL, RACHEL  
Address: 7913 APPLE BLOSSOM DR  
City-St-Zip: LAKE LAND, FL 33810

Title: S ( ) Delete  
Name: JOMARRON, JACQUELINE  
Address: 1944 CHARLESTON BLVD  
City-St-Zip: LAKE LAND, FL 33810

Title: TD ( ) Delete  
Name: HOWAKER, ROBERT  
Address: 7973 APPLE BLOSSOM DR  
City-St-Zip: LAKE LAND, FL 33810

Title: D ( ) Delete  
Name: JANKOWSI, TIMOTHY  
Address: 7955 APPLE BLOSSOM DR  
City-St-Zip: LAKE LAND, FL 33810

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T (X) Change ( ) Addition  
Name: HONAKER, ROBERT  
Address: 7973 APPLE BLOSSOM DR  
City-St-Zip: LAKE LAND, FL 33810

Title: D (X) Change ( ) Addition  
Name: HORTON, JACQUELINE  
Address: 8005 APPLE BLOSSOM DR  
City-St-Zip: LAKE LAND, FL 33810

Title: D (X) Change ( ) Addition  
Name: HILL, EDWARD  
Address: 3003 CHASEWOOD DR  
City-St-Zip: LAKE LAND, FL 33810

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: ROBERT G. HONAKER

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04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date