

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00548

FILED
Mar 14, 2006
Secretary of State

Entity Name: MAGNOLIA POINTE NEIGHBORHOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2473436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 W SR 434, STE 5000
LONGWOOD, FL 327795044 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: PD () Delete
Name: GERACI, ANDY
Address: 3927 MAGNOLIA POINTE LANE
City-St-Zip: ORLANDO, FL 32810

Title: VPD () Delete
Name: BRANN, RUTH
Address: 6741 MAGNOLIA POINTE CIR
City-St-Zip: ORLANDO, FL 32810

Title: SD () Delete
Name: FOSTER, CAROLYN
Address: 6730 MAGNOLIA POINTE CIR
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: THOMAS, SHERI
Address: 6742 MAGNOLIA POINTE CIR
City-St-Zip: ORLANDO, FL 32810

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

Title: PD (X) Change () Addition
Name: FOSTER, CAROLYN
Address: 6730 MAGNOLIA POINTE CIR
City-St-Zip: ORLANDO, FL 32810

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLYN FOSTER

PD

03/14/2006

Electronic Signature of Signing Officer or Director

Date