

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001277

FILED  
Apr 24, 2012  
Secretary of State

Entity Name: THE MAGNOLIA CENTER OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

16025 N FLORIDA AVE  
LUTZ, FL 33549

**New Principal Place of Business:**

16017 N FLORIDA AVE  
LUTZ, FL 33549

**Current Mailing Address:**

P O BOX 82282  
TAMPA, FL 33682

**New Mailing Address:**

FEI Number: 59-3700303      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PETCHE, MARK A  
16025 N FLORIDA AVE  
LUTZ, FL 33549 US

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

PETCHE, MARK A  
16017 N FLORIDA AVE  
LUTZ, FL 33549 US

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:

04/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: PETCHE, DARLENE T  
Address: PO BX 82282  
City-St-Zip: TAMPA, FL 33682

Title: DSV  
Name: PETCHE, MARK A ESQ  
Address: 16017 N. FLORIDA AVENUE  
City-St-Zip: LUTZ, FL 33549

Title: D  
Name: CARRIGAN, KEVIN  
Address: 16001 N. FLORIDA AVENUE  
City-St-Zip: LUTZ, FL 33549

Title: D  
Name: MORSANI, FRANK  
Address: 16007 N. FLORIDA AVENUE  
City-St-Zip: LUTZ, FL 33549

I hereby 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 all other like empowered.

SIGNATURE: DARLENE T PETCHE

PRES

04/24/2012

Electronic Signature of Signing Officer or Director

Date