2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006
Secretary of State

DOCUMENT# N02000003357

Entity Name: MAGNOLIA TERRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 560252
MONTVERDE, FL 34756

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560252
MONTVERDE, FL 34756

New Mailing Address:

FEI Number: 01-0691354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BENNETT, TROY A
16306 FLORENCE OAK CT
MONTVERDE, FL 34756 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: BENNETT, TROY A
Address: 16306 FLORENCE OAK CT
City-St-Zip: MONTVERDE, FL 34756

Title: SD ( ) Delete
Name: RAMSKI, BRIAN
Address: 16626 MAGNOLIA TERR BLVD
City-St-Zip: MONTVERDE, FL 34756

Title: TD ( ) Delete
Name: HORST, RAYMOND W
Address: 16602 MAGNOLIA TERR BLVD
City-St-Zip: MONTVERDE, FL 34756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: PIERCE, JIM
Address: 16349 FLORENCE OAK CT.
City-St-Zip: MONTVERDE, FL 34756

Title: TD (X) Change ( ) Addition
Name: KONTNY, LARRY
Address: 16516 MAGNOLIA TERRACE BLVD
City-St-Zip: MONTVERDE, FL 34756

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: JIM PIERCE SD 07/07/2006

Electronic Signature of Signing Officer or Director — Date