

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003729

FILED
Mar 30, 2008
Secretary of State

Entity Name: MAGNOLIA PARK OF LAKE COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 51-0448135

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: MEDINA, DAISY
Address: 3275 MAGNOLIA PETAL CT
City-St-Zip: CLERMONT, FL 34711

Title: VPD () Delete
Name: BUTTERWORTH, STACY
Address: 2861 MAGNOLIA BLOSSOM CIR
City-St-Zip: CLERMONT, FL 34711

Title: STD () Delete
Name: BRINSON, TERESA
Address: 3250 MAGNOLIA PETAL CT
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: FAIVRE, DOUG
Address: 3417 GLOSSY LEAF LN
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: HALL, MELODY
Address: 3223 PARK BRANCH AVE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FAIVRE, DOUG
Address: 3417 GLOSSY LEAF LN
City-St-Zip: CLERMONT, FL 34711

Title: VPD (X) Change () Addition
Name: BRINSON, TREY
Address: 3250 MAGNOLIA PETAL CT
City-St-Zip: CLERMONT, FL 34711

Title: SD (X) Change () Addition
Name: BERBERENA, ELVIRA
Address: 3245 WHITE BLOSSOM LN
City-St-Zip: CLERMONT, FL 34711

Title: TD (X) Change () Addition
Name: BUTTERWORTH, STACY
Address: 2861 MAGNOLIA BLOSSOM CIR
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Change () Addition
Name: THOMKINS, KELLY
Address: 3445 GLOSSY LEAF LN
City-St-Zip: CLERMONT, FL 34711

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: DOUG FAIVRE

PD

03/30/2008

Electronic Signature of Signing Officer or Director

Date