2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003729

FILED Mar 26, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044

Current Mailing Address: New Mailing Address:

2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044

FEI Number: 51-0448135 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HART, JAMES W JR SENTRY MANAGEMENT INC. 2180 W SR 434 - STE 5000 LONGWOOD, FL 327795044 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Delete Title: (X) Change () Addition

BRINSON, TREY Name: BRINSON, TREY Name:

Address: 3250 MAGNOLIA PETAL CT Address: 3250 MAGNOLIA PETAL CT City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711

Title: () Delete Title: () Change () Addition

BERBERENA, ELVIRA Name: Name: Address: 3245 WHITE BLOSSOM LN Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip:

Title: TD () Delete Title: VPD (X) Change () Addition

Name: BUTTERWORTH, STACY Name: PALAZZO, JOELEN 2861 MAGNOLIA BLOSSOM CIR 3244 PARK BRANCH AVE Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711

Title: () Delete Title: (X) Change () Addition

THOMKINS, KELLY HARMER, JOE Name: Name:

3445 GLOSSY LEAF LN 2880 WHITE MAGNOLIA LOOP Address: Address: City-St-Zip: CLERMONT, FL 34711 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: TREY BRINSON PD 03/26/2009