

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003729

FILED  
Apr 01, 2010  
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: D  
Name: FAIVRE, MARIA  
Address: 3417 GLOSSY LEAF LN  
City-St-Zip: CLERMONT, FL 34711

Title: PD  
Name: BRINSON, TREY  
Address: 3250 MAGNOLIA PETAL CT  
City-St-Zip: CLERMONT, FL 34711

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

Title: VPD  
Name: PALAZZO, JOELEN  
Address: 3244 PARK BRANCH AVE  
City-St-Zip: CLERMONT, FL 34711

Title: D  
Name: HARMER, JOE  
Address: 2880 WHITE MAGNOLIA LOOP  
City-St-Zip: CLERMONT, FL 34711

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: TREY BRINSON

PD

04/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date