

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90222 028 ****61.25

DOCUMENT # N03000001744

1. Entity Name
MAGNOLIA PARK ASSOCIATION, INC.



Principal Place of Business
**3200 JOG PARK DRIVE
GREENACRES, FL 33467**

Mailing Address
**3200 JOG PARK DRIVE
GREENACRES, FL 33467**

40081131



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIN-LENN, NATALIE C
2300 PALM BEACH LAKES BLVD STE 308
WEST PALM BEACH, FL 33409**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME SCHIRO, THOMAS
STREET ADDRESS 3200 JOG PARK DRIVE
CITY-ST-ZIP GREENACRES, FL 33467

TITLE TD ☐ Delete
NAME VETRENO, THOMAS
STREET ADDRESS 3200 JOG PARK DRIVE
CITY-ST-ZIP GREENACRES, FL 33467

TITLE D ☒ Delete
NAME HORAN, MATTHEW
STREET ADDRESS 3200 JOG PARK DRIVE
CITY-ST-ZIP GREENACRES, FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **PRESIDENT**
STREET ADDRESS **ROBERT VORUDA**
CITY-ST-ZIP **3325 LUCERNE PARK DR.
GREENACRES, FL 33467**

TITLE ☐ Change ☐ Addition
NAME **V. PRES.**
STREET ADDRESS **ANTONETTA LANG**
CITY-ST-ZIP **3311 PERIMETER DR.
GREENACRES, FL 33467**

TITLE ☐ Change ☐ Addition
NAME **SECRETARY**
STREET ADDRESS **IDA DRESSNER**
CITY-ST-ZIP **3315 JOG PARK DRIVE
GREENACRES FL 33467**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/06