


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90366 025 ****61.25

DOCUMENT # N03000001744			
1. Entity Name MAGNOLIA PARK ASSOCIATION, INC.			
Principal Place of Business 2328 S. CONGRESS AVENUE SUITE 2A WEST PALM BEACH, FL 33406		Mailing Address 2328 S. CONGRESS AVENUE SUITE 2A WEST PALM BEACH, FL 33406	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02292008 Chg-NP CR2E037 (12/06)

4. FEI Number
42-1695063

Applied For
Not Applicable

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 CUSTOM PROPERTY MANAGEMENT, INC>	
		Street Address (P.O. Box Number is Not Acceptable)	
		2328 S. CONGRESS AVE., SUITE 2A	
		City WEST PALM BEACH	FL 33406

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

Jennifer Rogers **JENNIFER ROGERS V.P. Admin Services**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25
Due by May 1, 2008

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VETRENO, THOMAS	NAME	
STREET ADDRESS	2328 S. CONGRESS AVE STE 2A	STREET ADDRESS	
CITY-ST-ZIP	GREENACRES, FL 33467	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHEELER, EDWARD	NAME	MODLIN, FRED
STREET ADDRESS	2328 S. CONGRESS AVE, STE 2A	STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSKY, FRANK	NAME	
STREET ADDRESS	2328 S. CONGRESS AVE STE 2A	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACCIO, DOREEN	NAME	
STREET ADDRESS	2328 S. CONGRESS AVE, STE 2A	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Doreen Raccio **Doreen Raccio** **4-21-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #