

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90045 020 ****61.25

DOCUMENT # N03000005168

1. Entity Name
**MAGNOLIA GLEN TOWNHOMES HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**2893 BIG SKY BLVD.
KISSIMMEE, FL 34744**

Mailing Address
**MAGNOLIA GLEN
C/O WRLD. HMS., 820 PALM WAY ST.
KISSIMMEE, FL 34744**



2. Principal Place of Business

c/o World of Homes
Suite, Apt. #, etc.
2884 S. Osceola Ave
City & State
Orlando Florida
Zip
32806
Country
USA

3. Mailing Address

c/o World of Homes
Suite, Apt. #, etc.
2884 S. Osceola Ave
City & State
Orlando Florida
Zip
32806
Country
USA

01182006 Chg-NP CR2E037 (11/05)

4. FEI Number
13-4254399

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WORLD OF HOMES
2884 S. OSCEOLA AVENUE
ORLANDO, FL 32806**

7. Name and Address of New Registered Agent

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 street applicable.

(NOTE: Registered Agent signature required when re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	DT QUINN, DANNY 4820 EAST LAKE RESERVE SAINT CLOUD, FL 34771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BREWER, MARSHA 3386 CELENA CIRCLE SAINT CLOUD, FL 34769	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KORBEL, DOROTHY 3414 CELENA CIRCLE SAINT CLOUD, FL 34769	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KNIGHT, MERCEDES 3348 CELENA CIRCLE SAINT CLOUD, FL 34769	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bavis, Debbie 3358 Celena Circle Saint Cloud, FL 34769	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Perez, Jorge 4718 Lake Troady Dr St Cloud, FL 34769	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

1/27/06

407-957-5022