

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90090 043 \*\*\*\*61.25

**DOCUMENT # N03000005168**

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



Principal Place of Business  
**C/O WORLD OF HOMES  
2884 S. OSCEOLA AVE.  
ORLANDO, FL 32806**

Mailing Address  
**C/O WORLD OF HOMES  
2884 S. OSCEOLA AVE.  
ORLANDO, FL 32806**

40047082



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

01272007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

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, 2007**

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 DT  
NAME QUINN, DANNY ☐ Delete  
STREET ADDRESS 4820 EAST LAKE RESERVE  
CITY- ST- ZIP SAINT CLOUD, FL 34771

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

TITLE P  
NAME BREWER, MARSHA ☐ Delete  
STREET ADDRESS 3386 CELENA CIRCLE  
CITY- ST- ZIP SAINT CLOUD, FL 34769

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

TITLE V  
NAME KORBEL, DOROTHY ☐ Delete  
STREET ADDRESS 3414 CELENA CIRCLE  
CITY- ST- ZIP SAINT CLOUD, FL 34769

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

TITLE D  
NAME DAVIS, DEBBIE ☐ Delete  
STREET ADDRESS 3358 CELENA CIRCLE  
CITY- ST- ZIP SAINT CLOUD, FL 34769

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

TITLE D  
NAME PEREZ, JORGE ☐ Delete  
STREET ADDRESS 4718 LAKE TRUDY DR  
CITY- ST- ZIP SAINT CLOUD, FL 34769

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

TITLE ☐ Delete  
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

3/27/07

407-957-5022

Date

Daytime Phone #