

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90052 002 \*\*\*\*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**

40011799



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

01072008 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

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

7. Name and Address of New Registered Agent

Name **Ferdinandson Enterprises, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2884 S. Osceola Avenue**  
City **Orlando** FL Zip Code **32806**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Crawford, Carol  
3356 Celena Cir  
St Cloud, FL 34769** ☐ Change ☒ Addition

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

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

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

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