2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005168

FILED Feb 25, 2009 Secretary of State

Entity Name: MAGNOLIA GLEN TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O WORLD OF HOMES 2884 S. OSCEOLA AVE. ORLANDO, FL 32806 **New Mailing Address: Current Mailing Address:** C/O WORLD OF HOMES 2884 S. OSCEOLA AVE. ORLANDO, FL 32806 FEI Number: 13-4254399 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FERDINANDSEN ENTERPRISES, INC. FERDINANDSEN ENTERPRISES, INC. 2884 S OSCEOLA AVE 2884 S. OSCEOLA AVE ORLANDO, FL 32806 ORLANDO, FL 32806 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. SIGNATURE: 02/25/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition QUINN, DANNY QUINN, DANNY Name: Name: 4820 EAST LAKE RESERVE Address: 4852 CALASANS AVE Address: City-St-Zip: SAINT CLOUD, FL 34771 City-St-Zip: SAINT CLOUD, FL 34771 Title: Title: (X) Change () Addition () Delete BREWER, MARSHA Name: BREWER, MARSHA Name: Address: 3386 CELENA CIRCLE Address: 3386 CELENA CIRCLE City-St-Zip: SAINT CLOUD, FL 34769 City-St-Zip: SAINT CLOUD, FL 34769 Title: () Delete Title: DV (X) Change () Addition KORBEL, DOROTHY KORBEL, DOROTHY Name: Name: 3414 CELENA CIRCLE 3414 CELENA CIRCLE Address: Address: City-St-Zip: SAINT CLOUD, FL 34769 City-St-Zip: SAINT CLOUD, FL 34769 (X) Change () Addition Title: Title: DS () Delete Name: DAVIS, DEBBIE Name: STONE, ALICE 3408 CELENA CIRCLE Address: 3358 CELENA CIRCLE Address: City-St-Zip: SAINT CLOUD, FL 34769 City-St-Zip: SAINT CLOUD, FL 34769 Title: () Delete Title: () Change () Addition CRAWFORD, CAROL Name: Name: 3356 CELINA CIR Address: Address: City-St-Zip: SAINT CLOUD, FL 34769 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA BREWER DP 02/25/2009