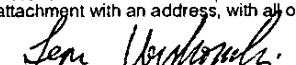


FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90171 031 ****70 00

DOCUMENT # N03000007551				Secretary of State 03-08-2005 90171 031 ****70.00																									
1. Entity Name MAGNOLIA MEADOWS PROPERTY OWNERS ASSOCIATION, INC.																													
Principal Place of Business 5745 SW 75 STREET #332 GAINESVILLE FL 32608		Mailing Address 5745 SW 75 STREET #332 GAINESVILLE FL 32608																											
2. Principal Place of Business 3099 NW CR340		3. Mailing Address P.O. Box 142290																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State Bell, FL		City & State Gainesville, FL		4. FEI Number 52-2442679																									
Zip 32619		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BINGHAM, MARVIN W JR 14811 NW 140 STREET ALACHUA FL 32615		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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE																													
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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																										
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Leon Wyszowski, Dir. March 03,2005 (352) 332-9944																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													
Date Daytime Phone #																													