

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000007551**

1. Entity Name  
**MAGNOLIA MEADOWS PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**3099 NW CR 340  
BELL, FL 32619**

Mailing Address  
**14811 NW 140 ST  
ALACHUA, FL 32615**



04252008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-2442679**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BINGHAM, MARVIN W JR  
14811 NW 140 STREET  
ALACHUA, FL 32615**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

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**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DOUGLAS, L. EDWIN
STREET ADDRESS	5699 NE 87TH CT
CITY - ST - ZIP	HIGH SPRINGS, FL 32643
TITLE	VP
NAME	DOUGLAS, M. NAOMI
STREET ADDRESS	8149 NE 50TH ST
CITY - ST - ZIP	HIGH SPRINGS, FL 32643
TITLE	ST
NAME	ELLISON, RANDY
STREET ADDRESS	5730 SW 166TH AVE
CITY - ST - ZIP	FORT LAUDERDALE, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000930440  
05/21/08-80108-020 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** *L. Edwin Douglas* *L. Edwin Douglas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/26/2008*

Date

*1386-954-2718*

Daytime Phone #