Feb 01
Sec

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000010759

1. Entity Name
THE MAGNOLIA VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1100 SE 58TH AVE OCALA, FL 34471	PO BOX 4338 OCALA, FL 34478

DO NOT WRITE IN THIS SPACE

01302007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAGNOLIA PROPERTIES OF OCALA, INC.
1100 SE 58TH AVE
OCALA, FL 34471

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000616708
02/07/07-80040-012 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRENCH, JON M
STREET ADDRESS	P O BOX 2306
CITY-ST-ZIP	BELLEVIEW, FL 34421
TITLE	D
NAME	BARFIELD, TODD
STREET ADDRESS	P O BOX 4338
CITY-ST-ZIP	OCALA, FL 34478
TITLE	D
NAME	KAY, RANCE H
STREET ADDRESS	P O BOX 4338
CITY-ST-ZIP	OCALA, FL 34478
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ TODD BARFIELD 1/30/07 352/861-2522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #