

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010759

FILED
Jun 25, 2009
Secretary of State

Entity Name: THE MAGNOLIA VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3630 NE 8TH PLACE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

3630 NE 8TH PLACE
OCALA, FL 34470

New Mailing Address:

FEI Number: 30-5424646 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GRAHAM, REBECCA L TREASUR
3630 NE 8TH PLACE
OCALA, FL 34470 US

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: REBECCA GRAHAM, TREASURER

06/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OMAR, MEDINA
Address: 3630 NE 8TH PLACE #104
City-St-Zip: OCALA, FL 34470

Title: VP () Delete
Name: HILL, JOYCE
Address: PO BOX 4674
City-St-Zip: OCALA, FL 34470

Title: S/T () Delete
Name: GRAHAM, REBECCA
Address: 3630 NE 8TH PLACE
City-St-Zip: OCALA, FL 34470

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MATTHEW, CURCIO
Address: 3630 NE 8TH PLACE #402
City-St-Zip: OCALA, FL 34470

Title: VP (X) Change () Addition
Name: EVANS, DICK
Address: PO BOX 4674
City-St-Zip: OCALA, FL 34470

Title: T (X) Change () Addition
Name: GRAHAM, REBECCA L
Address: 3630 NE 8TH PLACE UNIT #404
City-St-Zip: OCALA, FL 34470

Title: S () Change (X) Addition
Name: SARA, JACOME
Address: 3630 NE 8TH PLACE UNIT #201
City-St-Zip: OCALA, FL 34470

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: REBECCA GRAHAM

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06/25/2009

Electronic Signature of Signing Officer or Director

Date