

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-19-2006 90097039 \*\*\*\*\*61.00  
N04000005022

FILED

06 APR 25 PM 2:24

CLERK OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000005022

1. Entity Name  
MAGNOLIA FOREST HOMEOWNERS' ASSOCIATION,  
INC.



Principal Place of Business  
2573 BARRINGTON CIRCLE  
TALLAHASSEE, FL 32308

Mailing Address  
2573 BARRINGTON CIRCLE  
TALLAHASSEE, FL 32308



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
20-2641711

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEZLER, KATHERINE A  
2573 BARRINGTON CIRCLE  
TALLAHASSEE, FL 32308

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 reappointing)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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

TITLE D ☐ Delete  
NAME POOLE, BARRY W  
STREET ADDRESS 2145 DELTA BLVD. SUITE 100  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Change ☐ Addition  
NAME *By 4/15*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SHELIN, RAYMIND K  
STREET ADDRESS 2573 BARRINGTON CIRCLE  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FEZLER, KATHERINE A  
STREET ADDRESS 2573 BARRINGTON CIRCLE  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Katherine A. Fezler*

Katherine A. Fezler 4-17-06 850-385-4646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #