

ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90007 030 ****61.25

DOCUMENT # N04000005022

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



Principal Place of Business
 2573 BARRINGTON CIRCLE
 TALLAHASSEE, FL 32308

Mailing Address
 2573 BARRINGTON CIRCLE
 TALLAHASSEE, FL 32308

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152007

Chg-NP

CR2E037 (12/06)

4. FEI Number
 20-2641711

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FEZLER, KATHERINE A
 2573 BARRINGTON CIRCLE
 TALLAHASSEE, FL 32308

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

Filing Fee is \$61.25
Due by May 1, 2007

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

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

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

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

TITLE **DIR** ☐ Delete
 NAME **Robert E. Peloquin**
 STREET ADDRESS **4263 Blount Creek Rd**
 CITY-ST-ZIP **Tallahassee, FL 32310**

TITLE **DIR** ☐ Delete
 NAME **BRIAN RICHARDSON**
 STREET ADDRESS **260 SPARKELBERRY BLVD**
 CITY-ST-ZIP **QUINCY FL 32351**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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:

R Peloquin Pres M F H O

3/9/07