2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005022

FILED Apr 23, 2009 Secretary of State

Entity Name: MAGNOLIA FOREST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2573 BARRINGTON CIRCLE 185 SPARKLEBERRY BLVD TALLAHASSEE, FL 32308 QUINCY, FL 32351 **Current Mailing Address: New Mailing Address:** 2573 BARRINGTON CIRCLE 185 SPARKLEBERRY BLVD TALLAHASSEE, FL 32308 QUINCY, FL 32351 FEI Number: 20-2641711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FEZLER, KATHERINE A JOHN, HAMILTON 2573 BARRINGTON CIRCLE 185 SPARKLEBERRY BLVD TALLAHASSEE, FL 32308 QUINCY, FL 32351 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: JOHN HAMILTON 04/23/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete WHEELER, LESTER WHEELER, LESTER D Name: Name: 1291 17TH ST SW Address: 1291 17TH ST SW Address: City-St-Zip: NAPLES, FL 34117 City-St-Zip: NAPLES, FL 34117 Title: Title: (X) Change () Addition () Delete PELOQUIN, ROBERT E Name: PELOQUIN, ROBERT E D Name: Address: 4263 BLOUNT CREEK RD. Address: 4263 BLOUNT CREEK RD. City-St-Zip: TALLAHASSEE, FL 32310 City-St-Zip: TALLAHASSEE, FL 32310 Title: () Delete Title: () Change (X) Addition HOBERT, GARY D Name: Name: Address: Address: P.O. BOX 6 City-St-Zip: City-St-Zip: QUINCY, FL 32351 Title: () Delete Title: **PRES** () Change (X) Addition Name: Name: HAMILTON, JOHN PRES. 185 SPARKLEBERRY BLVD Address: Address: City-St-Zip: City-St-Zip: QUINCY, FL 32351 Title: () Delete Title: () Change (X) Addition RICHARDSON, RASHEEN D Name: Name: 260 SPARKLEBERRY BLVD Address: Address: QUINCY, FL 32351 City-St-Zip: City-St-Zip:

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: JOHN HAMILTON PRES 04/23/2009