

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000006147

1. Entity Name
MAGNOLIA LAKES AT GATEWAY HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business
11934 FAIRWAY LAKES DR
FT MYERS, FL 33913

Mailing Address
11934 FAIRWAY LAKES DR
FT MYERS, FL 33913

2. Principal Place of Business

7680 Cambridge Manor PL
Suite 101
City & State
FT. Myers, FL

3. Mailing Address

P.O. Box 60195
Suite, Apt. #, etc.
City & State
FT. Myers, FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33907

Country
Lee

Zip
33906

Country
Lee

03132008

REINSTATEMENT (11/05)

05-06

20-4475369

Applied For
Not Applicable

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

BENSON, RODNEY
11934 FAIRWAY LAKES DR
FT MYERS, FL 33913

Name Terry Wayland
Street Address (P.O. Box Number is Not Acceptable)
7680 Cambridge Manor PL.
Suite 101
City FT. Myers FL Zip Code 33907

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 reinstatement)

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSMOND, SCOTT 11934 FAIRWAY LAKES DR FT MYERS, FL 33913	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSON, RODNEY 11934 FAIRWAY LAKES DR FT MYERS, FL 33913	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SFERES, MICHAEL 11934 FAIRWAY LAKES DR FT MYERS, FL 33913	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
400069953654 04/10/06--01056--022 **297.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry Wayland 3-13-06 239-275-8320
Date Daytime Phone #

B. Mitchell MAR 30 2006

FILED

06 MAR 27 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

