

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006147

FILED
Apr 22, 2009
Secretary of State

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

Current Principal Place of Business:

7680 CAMBRIDGE MANOR PLACE
SUITE 101
FT MYERS, FL 33907

Current Mailing Address:

POST OFFICE BOX 60195
FT. MYERS, FL 33906

New Principal Place of Business:

27299 RIVERVIEW CENTER BLVD.
SUITE 102
BONITA SPRINGS, FL 34134

New Mailing Address:

27299 RIVERVIEW CENTER BLVD.
SUITE 102
BONITA SPRINGS, FL 34134

FEI Number: 20-4475369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELGADO, SUSAN
INDEPENDENT MANAGEMENT LLC
27299 RIVERVIEW CENTER BL, #102
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

CARLIN, SARA
INDEPENDENT MANAGEMENT LLC
27299 RIVERVIEW CENTER BL, #102
BONITA SPRINGS, FL 34134 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: SARA CARLIN

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAWLINSON, EDWIN C JR
Address: 13223 LITTLE GEM CIRCLE
City-St-Zip: FT MYERS, FL 33913

Title: V () Delete
Name: FERRARACCIO, BOB
Address: 13310 LITTLE GEM CIRCLE
City-St-Zip: FT MYERS, FL 33913

Title: T (X) Delete
Name: CUMBO, MARIO
Address: 13459 LITTLE GEM CIRCLE
City-St-Zip: FT MYERS, FL 33913

Title: S (X) Delete
Name: DINGWALL, BRETT G
Address: 13465 LITTLE GEM CIRCLE
City-St-Zip: FT MYERS, FL 33913

Title: D (X) Delete
Name: MORRIS, MICHAEL (BILL) W JR.
Address: 13315 LITTLE GEM CIRCLE
City-St-Zip: FT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORRIS, BILL
Address: 27299 RIVERVIEW CENTER BLVD #102
City-St-Zip: BONITA SPRINGS, FL 34134

Title: V (X) Change () Addition
Name: CONRAD, LARRY
Address: 27299 RIVERVIEW CENTER BLVD #102
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: SARA CARLIN

CAM

04/22/2009

Electronic Signature of Signing Officer or Director

Date