2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006147

FILED Apr 14, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

27299 RIVERVIEW CENTER BLVD. 27299 RIVERVIEW CENTER BLVD.

SUITE 102 SUITE 102

BONITA SPRINGS, FL 34134 US

Current Mailing Address: New Mailing Address:

27299 RIVERVIEW CENTER BLVD. 27299 RIVERVIEW CENTER BLVD.

SUITE 102 SUITE 102

BONITA SPRINGS, FL 34134 US

FEI Number: 20-4475369 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:

CARLIN, SARA CARLIN, SARA E CAM

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

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

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 04/14/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: HRUNKA, GEORGE

Address: 27299 RIVERVIEW CENTER BLVD #102 City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: VP

Name: BATTEAU, MICHAEL

Address: 27299 RIVERVIEW CENTER BLVD #102 City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: T

Name: CONRAD, LARRY

Address: 27299 RIVERVIEW CENTER BLVD. #102 City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: 5

Name: TAMBOUREAS, MELISSA

Address: 27299 RIVERVIEW CENTER BLVD. #102

City-St-Zip: BONITA SPRINGS, FL 34134 US

Title:

Name: MORRIS, BILL

Address: 27299 RIVERVIEW CENTER BLVD. #102

City-St-Zip: BONITA SPRINGS, FL 34134 US

Title:

Name: MABEE, MARK

Address: 27299 RIVERVIEW CENTER BLVD #102 City-St-Zip: BONITA SPRINGS, FL 34134 US

I hereby 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 all other like empowered.

SIGNATURE: SARA CARLIN CAM 04/14/2010