

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006147

FILED
Mar 02, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

28100 BONITA GRANDE DR.
SUITE 104
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

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

New Mailing Address:

28100 BONITA GRANDE DR.
SUITE 104
BONITA SPRINGS, FL 34135 US

FEI Number: 20-4475369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CARLIN, SARA E CAM
INDEPENDENT MANAGEMENT LLC
28100 BONITA GRANDE DR. SUITE 104
BONITA SPRINGS, FL 34135 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

03/02/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BATTEAU, MICHAEL
Address: 28100 BONITA GRANDE DR. SUITE 104
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: T
Name: BEEBE, TROY
Address: 28100 BONITA GRANDE DR. SUITE 104
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: S
Name: TAMBOUREAS, MELISSA
Address: 28100 BONITA GRANDE DR. SUITE 104
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: VP
Name: KENNY, JIM
Address: 28100 BONITA GRANDE DR. SUITE 104
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: D
Name: MABEE, MARK
Address: 28100 BONITA GRANDE DR. SUITE 104
City-St-Zip: BONITA SPRINGS, FL 34135 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

03/02/2011

Electronic Signature of Signing Officer or Director

Date