

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008525

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: MAGNOLIA CLUB HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

## New Principal Place of Business:

## Current Mailing Address:

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

## New Mailing Address:

FEI Number: 33-1101314

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HART, JAMES W JR  
C/O SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CONSTANTINO, CHRIS  
Address: 1910 LITTLE GEM LP  
City-St-Zip: SANFORD, FL 32772

Title: VPD ( ) Delete  
Name: POWELL, DEREK  
Address: 2911 PINE OAK TR  
City-St-Zip: SANFORD, FL 32773

Title: STD ( ) Delete  
Name: RIDENOUR, BETHANY  
Address: 1731 LITTLE GEM LP  
City-St-Zip: SANFORD, FL 32773

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HARRIS, ROD  
Address: 3621 PINE OAK TR  
City-St-Zip: SANFORD, FL 32773

Title: VPD (X) Change ( ) Addition  
Name: NORTH, DEBORAH  
Address: 655 SOUTH GRANT AVE  
City-St-Zip: SANFORD, FL 32773

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: ROD HARRIS

PD

04/25/2008

Electronic Signature of Signing Officer or Director

Date