

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 07, 2011**  
**Secretary of State**

DOCUMENT# N05000003739

**Entity Name:** MAGNOLIAS AT OCALA HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2123 SW 20TH PLACE  
OCALA, FL 34471**New Principal Place of Business:**1136 NE 14TH ST  
OCALA, FL 34470**Current Mailing Address:**2123 SW 20TH PLACE  
OCALA, FL 34471**New Mailing Address:**1136 NE 14TH ST  
OCALA, FL 34470**FEI Number:** 20-2671837**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:**CAMPBELL, ROBERT  
1136 NE 14TH ST  
OCALA, FL 34470 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: ROBERT CAMPBELL

06/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CAMPBELL, ROBERT  
Address: 1136 NE 14TH ST  
City-St-Zip: OCALA, FL 34470

Title: D  
Name: CLEMENTS, DEE  
Address: 1136 NE 14TH ST  
City-St-Zip: OCALA, FL 34470

Title: VP  
Name: GORDON, YVONNE  
Address: 1136 NE 14TH ST  
City-St-Zip: OCALA, FL 34470

Title: S/T  
Name: JOYCE, LAUREN  
Address: 1136 NE 14TH ST  
City-St-Zip: OCALA, FL 34470

Title: D  
Name: BENNETT, JIM  
Address: 1136 NE 14TH ST  
City-St-Zip: OCALA, FL 34470

Title: D  
Name: FABIAN, JEF  
Address: 1136 NE 14TH ST  
City-St-Zip: OCALA, FL 34470

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: ROBERT CAMPBELL

PD

06/07/2011

Electronic Signature of Signing Officer or Director

Date