


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000003884 1. Entity Name MAGNOLIA POINTE OF SEMINOLE COUNTY HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 501 N ORLANDO AVE. #233 WINTER PARK, FL 32789	Mailing Address 501 N ORLANDO AVE. #233 WINTER PARK, FL 32789
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03272007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 20-2814494	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHAN, REINHARD G ESQ
2015 W SR 434
LONGWOOD, FL 32779

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GHANDOUR, NASSEM 501 N ORLANDO AVE. #233 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GHANDOUR, NABIL 501 N ORLANDO AVE. #233 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHAN, REINHARD G 501 N ORLANDO AVE. #233 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GHANDOUR, AHMAD 501 N ORLANDO AVE. #233 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/10/07-80074-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  3/27/07 407 366 3939