

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90096 026 ****61.25

DOCUMENT # N05000006994

1. Entity Name
**MAGNOLIA POINTE OF COCOA-HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**395 S RANGE RD
COCOA, FL 32926**

Mailing Address
**395 S RANGE RD
COCOA, FL 32926**

40073323



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
APPROXIMATE 71-1022887

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARTER, DEBBIE
395 S RANGE RD
COCOA, FL 32926**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> Delete
NAME	FRANKLIN, DAVID A	
STREET ADDRESS	395 S RANGE RD	
CITY-ST-ZIP	COCOA, FL 32926	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DEEN, CURTIS G	
STREET ADDRESS	395 S RANGE RD	
CITY-ST-ZIP	COCOA, FL 32926	
TITLE	DAT	<input type="checkbox"/> Delete
NAME	EDDINGS, KENDRA	
STREET ADDRESS	395 S RANGE RD	
CITY-ST-ZIP	COCOA, FL 32926	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	THOMAS, JOHN	
STREET ADDRESS	395 S RANGE RD	
CITY-ST-ZIP	COCOA, FL 32926	
TITLE	DP	<input type="checkbox"/> Delete
NAME	OENBRINK, REGINA A	
STREET ADDRESS	395 S RANGE RD	
CITY-ST-ZIP	COCOA, FL 32926	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	CARTER, DEBBIE	
STREET ADDRESS	395 S RANGE RD	
CITY-ST-ZIP	COCOA, FL 32926	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Regina Oenbrink

4/10/07

321-637-9203