

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

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



03062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-1022887	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

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

000000829443
04/22/08-80054-011 70.00

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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

Regina Oenbrink

4/4/08

Date

Daytime Phone #