2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N05000006994

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

Current Principal Place of Business:

395 S RANGE RD
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

395 S RANGE RD
COCOA, FL 32926

New Mailing Address:

FEI Number: 71-1022887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARTER, DEBBIE
395 S RANGE RD
COCOA, FL 32926 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: DT ( ) Delete
Name: FRANKLIN, DAVID A
Address: 395 S RANGE RD
City-St-Zip: COCOA, FL 32926

Title: DV ( ) Delete
Name: DEEN, CURTIS G
Address: 395 S RANGE RD
City-St-Zip: COCOA, FL 32926

Title: DAT ( ) Delete
Name: EDDINGS, KENDRA
Address: 395 S RANGE RD
City-St-Zip: COCOA, FL 32926

Title: DAS ( ) Delete
Name: THOMAS, JOHN
Address: 395 S RANGE RD
City-St-Zip: COCOA, FL 32926

Title: DP ( ) Delete
Name: OENBRINK, REGINA A
Address: 395 S RANGE RD
City-St-Zip: COCOA, FL 32926

Title: SEC ( ) Delete
Name: CARTER, DEBBIE
Address: 395 S RANGE RD
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: REGINA A. OENBRINK DP 04/03/2009

Electronic Signature of Signing Officer or Director — Date