## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000007970

FILED Jul 07, 2008 Secretary of State

Entity Name: MAGNOLIA CREST PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1740 N. MAGNOLIA AVE. 6561 S MAGNOLIA AVE OCALA, FL 34475 OCALA, FL 34471

Current Mailing Address: New Mailing Address:

 1740 N. MAGNOLIA AVE.
 6561 S MAGNOLIA AVE

 OCALA, FL 34475
 OCALA, FL 34471

FEI Number: 20-3757936 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARTELLI, GOFFREDO
1740 N. MAGNOLIA AVE.
OCALA, FL 34475 US

MARTELLI, GOFFREDO
6561 S MAGNOLIA AVE
OCALA, FL 34471 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: 07/07/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D ( ) Delete Title: PST (X) Change ( ) Addition

 Name:
 MARTELLI, GOFFREDO
 Name:
 MARTELLI, GOFFREDO

 Address:
 6561 S. MAGNOLIA AVE.
 Address:
 6561 S. MAGNOLIA AVE

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:
 OCALA, FL 34471

Title: D ( ) Delete Title: VP (X) Change ( ) Addition Name: MARTELLI, LEONARDO Name: MARTELLI, MINA

 Name:
 MARTELLI, LEONARDO
 Name:
 MARTELLI, MINA

 Address:
 6571 S. MAGNOLIA AVE.
 Address:
 6561 S MAGNOLIA AVE

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:
 OCALA, FL 34471

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MARTELLI, MINA
 Name:

 Address:
 6561 S. MAGNOLIA AVE.
 Address:

 City-St-Zip:
 OCALA, FL 34471
 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: GOFFREDO MARTELLI PST 07/07/2008