# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# N05000008303

**Entity Name:** MAGNOLIA RIDGE SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

225 NORTH DUNCAN DRIVE
TAVARES, FL 32778

**New Principal Place of Business:**

432 MAGNOLIA RIDGE AVE
TAVARES, FL 32778

**Current Mailing Address:**

POST OFFICE BOX 412
TAVARES, FL 32778

**New Mailing Address:**

432 MAGNOLIA RIDGE AVE
TAVARES, FL 32778

**FEI Number: 20-3316707** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

COURSEY, JOSEPH C
225 NORTH DUNCAN DRIVE
TAVARES, FL 32778 US

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

PARRISH, MICHELLE A
432 MAGNOLIA RIDGE AVE
TAVARES, FL 32778 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: MICHELLE PARRISH 04/29/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: COURSEY, JOSEPH C
Address: 225 NORTH DUNCAN DRIVE
City-St-Zip: TAVARES, FL 32778

Title: VP ( ) Delete
Name: COURSEY, AMANDA R
Address: 225 NORTH DUNCAN DRIVE
City-St-Zip: TAVARES, FL 32778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: PARRISH, MICHELLE A
Address: 432 MAGNOLIA RIDGE AVE
City-St-Zip: TAVARES, FL 32778

Title: VP (X) Change ( ) Addition
Name: PARRISH, SHANNON A
Address: 432 MAGNOLIA RIDGE AVE
City-St-Zip: TAVARES, FL 32778

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: MICHELLE PARRISH P 04/29/2009
Electronic Signature of Signing Officer or Director Date