

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008886

FILED
Apr 30, 2008
Secretary of State

Entity Name: MAGNOLIA TRAILS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3450 BUSCHWOOD PARK DR.
SUITE 250
TAMPA, FL 33618

New Principal Place of Business:

5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 US

Current Mailing Address:

9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702

New Mailing Address:

5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 US

FEI Number: 11-3764373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZSCHAU, JULIUS J
2701 N. ROCKY POINT DR.
SUITE 900
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 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: REBECCA FURLOW

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FIREBAUGH, CHLOE
Address: 3450 BUSCHWOOD PARK DR., SUITE 250
City-St-Zip: TAMPA, FL 33618

Title: VPD () Delete
Name: BOND, KEVIN
Address: 3450 BUSCHWOOD PARK DR., SUITE 250
City-St-Zip: TAMPA, FL 33618

Title: STD () Delete
Name: EDWARDS, DAN
Address: 3450 BUSCHWOOD PARK DR., SUITE 250
City-St-Zip: TAMPA, FL 33618

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:

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: CHLOE FIREBAUGH

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04/30/2008

Electronic Signature of Signing Officer or Director

Date