

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006648

FILED
Mar 18, 2009
Secretary of State

Entity Name: MAGNOLIA PLACE AT LAKESIDE LANDINGS UNIT 1 ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 68-0641892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: LUPLOW, ERIC
Address: 3050 N HORSESHOE DR STE 105
City-St-Zip: NAPLES, FL 34104

Title: VPD () Delete
Name: AGNELLI, JOHN
Address: 3050 N HORSESHOE SR STE 105
City-St-Zip: NAPLES, FL 34104

Title: SD () Delete
Name: HIGGS, ANTONIA
Address: 3050 N HORSESHOE DR STE 105
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ADAMS, LOU
Address: 5012 JIB CT
City-St-Zip: OXFORD, FL 34484

Title: VPD (X) Change () Addition
Name: BERCIK, BOB
Address: 5055 HARBOUR DR
City-St-Zip: OXFORD, FL 34484

Title: SD (X) Change () Addition
Name: POZNIAK, STAN
Address: 5121 HARBOUR DR
City-St-Zip: OXFORD, FL 34484

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: LOU ADAMS

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date