

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006695

FILED
Jan 13, 2009
Secretary of State

Entity Name: MAGNOLIA PARK ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5401 S. KIRKMAN RD
450
ORLANDO, FL 32819

New Principal Place of Business:

5401 S. KIRKMAN RD
STE. 450
ORLANDO, FL 32819

Current Mailing Address:

5401 S. KIRKMAN RD
450
ORLANDO, FL 32819

New Mailing Address:

5401 S. KIRKMAN RD
STE. 450
ORLANDO, FL 32819

FEI Number: 59-3341611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS, INC.
237 WESTMONTE DRIVE STE 111
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS, INC.
5401 S. KIRKMAN ROAD
STE. 450
ORLANDO, FL 32819 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: KAREN SFARA

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JAY, LEWIS C
Address: 300 COLONIAL CENTER PKW/#200
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: ANDERSON, KATIE
Address: 300 COLONIAL CENTER PKWY #200
City-St-Zip: LAKE MARY, FL 32746

Title: T () Delete
Name: CAMPBELL, JUSTINE
Address: 300 COLONIAL CENTER PKWY 3200
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEWIS, JAY C
Address: 300 COLONIAL CENTER PKW #200
City-St-Zip: LAKE MARY, FL 32746

Title: VP (X) Change () Addition
Name: MCCOOK, CECE
Address: 300 COLONIAL CENTER PKWY #200
City-St-Zip: LAKE MARY, FL 32746

Title: ST (X) Change () Addition
Name: CAMPBELL, JUSTIN
Address: 300 COLONIAL CENTER PKWY #200
City-St-Zip: LAKE MARY, FL 32746

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: JAY C. LEWIS

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date