

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Apr 23, 2009
Secretary of State**

DOCUMENT# N06000006695

Entity Name: MAGNOLIA PARK ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5401 S. KIRKMAN RD
STE. 450
ORLANDO, FL 32819**New Principal Place of Business:**5844 OLD PASCO ROAD
SUITE 100
WESLEY CHAPEL, FL 33544**Current Mailing Address:**5401 S. KIRKMAN RD
STE. 450
ORLANDO, FL 32819**New Mailing Address:**5844 OLD PASCO ROAD
SUITE 100
WESLEY CHAPEL, FL 33544

FEI Number: 59-3341611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:**Name and Address of New Registered Agent:**RIZZETTA & COMPANY
5844 OLD PASCO ROAD
SUITE 100
WESLEY CHAPEL, FL 33544 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: RIZZETTA & COMPANY

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P () Delete
Name: LEWIS, JAY C
Address: 300 COLONIAL CENTER PKW #200
City-St-Zip: LAKE MARY, FL 32746Title: P (X) Change () Addition
Name: THOMPSON, LEE R
Address: 4343 ANCHOR PLAZA PARKWAY SUITE 200
City-St-Zip: TAMPA, FL 33634Title: VP () Delete
Name: MCCOOK, CECE
Address: 300 COLONIAL CENTER PKWY #200
City-St-Zip: LAKE MARY, FL 32746Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: ST () Delete
Name: CAMPBELL, JUSTIN
Address: 300 COLONIAL CENTER PKWY #200
City-St-Zip: LAKE MARY, FL 32746Title: () 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: LEE R THOMPSON

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date