

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011814

FILED
Apr 27, 2009
Secretary of State

Entity Name: MAGNOLIA CENTER PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

5728 MAJOR BLVD.
SUITE 174
ORLANDO, FL 32819

New Principal Place of Business:

5555 S. KIRKMAN RD.
SUITE 201
ORLANDO, FL 32819

Current Mailing Address:

5728 MAJOR BLVD.
SUITE 174
ORLANDO, FL 32819

New Mailing Address:

5555 S. KIRKMAN RD.
SUITE 201
ORLANDO, FL 32819

FEI Number: 26-3691193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMVEST CAPITAL
5728 MAJOR BLVD.
SUITE 174
ORLANDO, FL 32819 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: PSD () Delete
Name: DIAB, MOHAMED
Address: 5728 MAJOR BLVD., SUITE 174
City-St-Zip: ORLANDO, FL 32819

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: KHATIB, RASHID A
Address: 5555 S. KIRKMAN RD. STE 201
City-St-Zip: ORLANDO, FL 32819

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: RASHID A. KHATIB

MGR

04/27/2009

Electronic Signature of Signing Officer or Director

Date