

**FILE NOW: FILING FEE IS \$61.25**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N12593**  
1. Corporation Name  
**MAGNOLIA LAKES HOME OWNER'S ASSOCIATION, INC.**

Principal Place of Business / Mailing Address  
**7698 Lake Gandy Circle  
ORLANDO, FL 32810**

3. Date Incorporated or Qualified: **12/17/85**      3a. Date of Last Report: **1/31/96**  
4. FEI Number: **59-3026706**      Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country: **U.S.A.**  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country: **USA.**

9. Name and Address of Current Registered Agent  
**DIANA SUTTON  
2493 TAHOE CIRCLE  
WINTER PARK, FL 32792**

10. Name and Address of New Registered Agent  
81. Name: **DAPHNE PATTERSON**  
82. Street Address (P.O. Box Number is Not Acceptable): **7698 LAKE GANDY CIRCLE**  
83. City: **ORLANDO**      85. Zip Code: **FL 32810**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Daphne Patterson*      **Daphne Patterson**      DATE: **12/26/97**  
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>RESIDENTIAL VSTO</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DIANA C.L. SUTTON</b>
STREET ADDRESS	<b>2493 TAHOE CIRCLE</b>
CITY-ST-ZIP	<b>WINTER PARK, FLA. 32792</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Daphne Patterson</b>
1.3 STREET ADDRESS	<b>7698 LAKE GANDY CIRCLE</b>
1.4 CITY-ST-ZIP	<b>ORLANDO FL. 32810</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Raul Pejko</b>
2.3 STREET ADDRESS	<b>3924 Magnolia Lakes Lane</b>
2.4 CITY-ST-ZIP	<b>ORLANDO FL 32810</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Mark Sabbarese</b>
3.3 STREET ADDRESS	<b>7651 Lake Gandy Circle</b>
3.4 CITY-ST-ZIP	<b>ORLANDO FL 32810</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>600002300636</b>
4.3 STREET ADDRESS	<b>-01/06/98--01030--002</b>
4.4 CITY-ST-ZIP	<b>*****61.50 *****61.50</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>A. Alan</b>
5.3 STREET ADDRESS	<b>12/30/97</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE: *Daphne Patterson*      **Daphne Patterson**      DATE: **12/26/97**      DAYTIME PHONE #: **4076786000**  
Signature and typed or printed name of signing officer or director

CR2E037 (9/96)