


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

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N12593 (2)**  
 1. Corporation Name  
**MAGNOLIA LAKES HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business <b>7698 LAKE GANDY CIRCLE ORLANDO FL 32810</b>	Mailing Address <b>7698 LAKE GANDY CIRCLE ORLANDO FL 32810</b>
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3. Date Incorporated or Qualified <b>12/17/1985</b>	
4. FEI Number <b>59-3026706</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29 Zip	30 Country

**9. Name and Address of Current Registered Agent**

**PATTERSON, DAPHNE**  
**7698 LAKE GANDY CIRCLE**  
**ORLANDO FL 32810**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PATTERSON, DAPHNE</b>	
STREET ADDRESS	<b>7698 LAKE GANDY CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PEJKO, PAUL</b>	
STREET ADDRESS	<b>3924 MAGNOLIA LAKES LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SABBARESE, MARK</b>	
STREET ADDRESS	<b>7851 LAKE GANDY CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Doris Wright</b>
4.3 STREET ADDRESS	<b>7624 Lake Gandy Circle</b>
4.4 CITY-ST-ZIP	<b>Orlando FL 32810</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Carey Pohl</b>
5.3 STREET ADDRESS	<b>7714 Lake Gandy Circle</b>
5.4 CITY-ST-ZIP	<b>Orlando FL 32810</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Brian Scheufler</b>
6.3 STREET ADDRESS	<b>7650 Lake Gandy Circle</b>
6.4 CITY-ST-ZIP	<b>Orlando FL 32810</b>

14. I 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, or on an attachment with an address.

SIGNATURE: *Daphne Patterson* **Daphne Patterson** *407-678-1000*

CR2E037 (10/97)