


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  
**12/17/1985**

4. FEI Number <b>59-3026706</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATTERSON, DAPHNE</b>	1.2 NAME	
STREET ADDRESS	<b>7698 LAKE GANDY CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEJKO, PAUL</b>	2.2 NAME	
STREET ADDRESS	<b>3924 MAGNOLIA LAKES LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SABBAESE, MARK</b>	3.2 NAME	
STREET ADDRESS	<b>7851 LAKE GANDY CIRCLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Doris Wright</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>7624 Lake Gandy Circle</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Orlando FL 32810</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Carry Pohl</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>7714 Lake Gandy Circle</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Orlando FL 32810</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Brian Scheufler</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>7650 Lake Gandy Circle</b>
CITY-ST-ZIP		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)