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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12593

1. Corporation Name

MAGNOLIA LAKES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business
**7698 LAKE GANDY CIRCLE
ORLANDO FL 32810**

Mailing Address
**7698 LAKE GANDY CIRCLE
ORLANDO FL 32810**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

3. Date Incorporated or Qualified
12/17/1985

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

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

FL

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 ☐ DELETE
NAME **D PATTERSON, DAPHNE**
STREET ADDRESS **7698 LAKE GANDY CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32810**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D Rhonda Neal**
1.3 STREET ADDRESS **7657 Lake Gandy Circle**
1.4 CITY-ST-ZIP **Orlando FL 32810**

TITLE ☒ DELETE
NAME **D PEJKO, PAUL**
STREET ADDRESS **3924 MAGNOLIA LAKES LANE**
CITY-ST-ZIP **ORLANDO FL 32810**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D SABBARESE, MARK**
STREET ADDRESS **7651 LAKE GANDY CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32810**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D WRIGHT, DORIS**
STREET ADDRESS **7624 LAKE GANDY CIR**
CITY-ST-ZIP **ORLANDO FL 32810**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D POHL, CAREY**
STREET ADDRESS **7714 LAKE GANDY CIR**
CITY-ST-ZIP **ORLANDO FL 32810**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D SCHEUFLER, BRIAN**
STREET ADDRESS **7650 LAKE GANDY CIR**
CITY-ST-ZIP **ORLANDO FL 32810**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *[Signature]* **DAPHNE PATTERSON** 2/23/99 401-678-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)