

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 11, 2007
Secretary of State**

DOCUMENT# N13325

Entity Name: MAGNOLIA PARK OF GAINESVILLE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4232 NW 6 STREET
A-1
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

4232 NW 6 STREET
A-1
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 20-2522991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STORMANT, JOHN F
4232 NW 6 STREET
A-1
GAINESVILLE, FL 32609 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STORMANT, JOHN F
Address: 4232 NW 6 STREET
City-St-Zip: GAINESVILLE, FL 32609

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

Title: T () Delete
Name: CHALMERS, DANIEL J
Address: 4232 NW 6 STREET
City-St-Zip: GAINESVILLE, FL 32609

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

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: JOHN F. STORMANT

PRES

05/11/2007

Electronic Signature of Signing Officer or Director

_____ Date