2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N26430

Entity Name: MAGNOLIA CHASE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1207 N. HIMES AVE.
SUITE 3
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

1207 N. HIMES AVE.
SUITE 3
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-2960803 **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:

UNIQUE PROPERTY SERVICES, INC.
1207 N. HIMES AVE.
SUITE
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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:

Title:	PD	( ) Delete
Name:	WIEST, GARY	
Address:	8939 MAGNOLIACHASE CIRLCE	
City-St-Zip:	TAMPA, FL 33647	
Title:	D	( ) Delete
Name:	THOMPSON, JOHN	
Address:	8949 MAGNOLIA CHASE CIRCLE	
City-St-Zip:	TAMPA, FL	
Title:	TD	( ) Delete
Name:	REDFORD, RICK	
Address:	8935 S MAGNOLIA CHASE CR	
City-St-Zip:	TAMPA, FL 33647	
Title:	VD	( ) Delete
Name:	LAMPI, GINGER	
Address:	8910 MAGNOLIA CHASE CIRCLE	
City-St-Zip:	TAMPA, FL 33647	
Title:	D	( ) Delete
Name:	WORTLEY, ELIZABETH	
Address:	8916 MAGNOLIA CHASE CIRCLE	
City-St-Zip:	TAMPA, FL 33647	
Title:	SD	( ) Delete
Name:	MCCALLUM, CHARLES	
Address:	8933 MAGNOLIA CHASE CIRCLE	
City-St-Zip:	TAMPA, FL 33647	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	VAIL, ANDREA	
Address:	8940 MAGNOLIA CHASE CIRCLE	
City-St-Zip:	TAMPA, FL 33647	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: GARY WIEST PD 05/01/2009

Electronic Signature of Signing Officer or Director — Date