



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90031 040 \*\*\*\*61.25

<b>DOCUMENT # N34450</b> 1. Entity Name <b>MAGNOLIA SPRINGS HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>1705 NATCHEZ TRACE BLVD. ORLANDO, FL 32818</b>			Mailing Address <b>1705 NATCHEZ TRACE BLVD ORLANDO, FL 32818</b>		
2. Principal Place of Business - No P.O. Box # <b>9009 New Orleans Ct</b> Suite, Apt. #, etc.		3. Mailing Address <b>9009 New Orleans Ct</b> Suite, Apt. #, etc.			
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>		4. FEI Number <b>59-3358366</b>	
Zip <b>32818</b>		Country <b>Orange</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WATERS, ASA R 9000 NEW ORLEANS CT. ORLANDO, FL 32818</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u>ASA R Waters</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LELAND, KRAUSE E 1705 NATCHEZ TRACE BLVD. ORLANDO, FL 32818	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP GARY Reichert 9009 New Orleans Ct Orlando, FL 32818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOYLE, SEAN 1549 NATCHEZ TRACE BLVD. ORLANDO, FL 32818	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Lynn Risher 1629 Biloxi Ct Orlando FL 32818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KIVENAS, KAS 9001 NEW ORLEANS CT ORLANDO, FL 32818	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAUL Fetter 9178 Monte Carlo Ct Orlando, FL 32818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATERS, ASA R 9000 NEW ORLEANS CT. ORLANDO, FL 32818	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sharon Reichert 9009 New Orleans Ct Orlando FL 32818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, PATRICIA 1806 NATCHEZ TRACE BLVD ORLANDO, FL 32818	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sharon Reichert 9009 New Orleans Ct Orlando FL 32818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>ASA R Waters</u> <b>ASA R Waters</b> <b>27 MAR 08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

407-521-7881