

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34450

FILED  
Mar 22, 2009  
Secretary of State

**Entity Name:** MAGNOLIA SPRINGS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

9009 NEW ORLEANS CT  
ORLANDO, FL 32818

**New Principal Place of Business:**

1705 NATCHEZ TRACE BLVD  
ORLANDO, FL 32818

**Current Mailing Address:**

9009 NEW ORLEANS CT  
ORLANDO, FL 32818

**New Mailing Address:**

1705 NATCHEZ TRACE BLVD  
ORLANDO, FL 32818

**FEI Number:** 59-3358366

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WATERS, ASA R  
9000 NEW ORLEANS CT.  
ORLANDO, FL 32818 US

**Name and Address of New Registered Agent:**

KRAUSE, LELAND E  
1705 NATCHEZ TRACE BLVD  
ORLANDO, FL 32818 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: LELAND E. KRAUSE

03/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: REICHERT, GARY  
Address: 9609 NEW ORLEANS CT  
City-St-Zip: ORLANDO, FL 32818

Title: VPD ( ) Delete  
Name: RASHER, LYNN  
Address: 1629 BILOXI CT  
City-St-Zip: ORLANDO, FL 32818

Title: VPD ( ) Delete  
Name: FETTER, PAUL  
Address: 9172 MONTERELLO CT  
City-St-Zip: ORLANDO, FL 32818

Title: TD ( ) Delete  
Name: WATERS, ASA R  
Address: 9000 NEW ORLEANS CT.  
City-St-Zip: ORLANDO, FL 32818

Title: S ( ) Delete  
Name: REICHERT, SHARON  
Address: 9009 NEW ORLEANS CT  
City-St-Zip: ORLANDO, FL 32818

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: REICHERT, GARY  
Address: 9009 NEW ORLEANS CT  
City-St-Zip: ORLANDO, FL 32818

Title: SD (X) Change ( ) Addition  
Name: CAUGHEL, JEAN  
Address: 1831 NATCHEZ TRACE BLVD  
City-St-Zip: ORLANDO, FL 32818

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

Title: TD (X) Change ( ) Addition  
Name: KRAUSE, LELAND E  
Address: 1705 NATCHEZ TRACE BLVD  
City-St-Zip: ORLANDO, FL 32818

Title: VPD (X) Change ( ) Addition  
Name: KIVENAS, KAZ  
Address: 9001 NEW ORLEANS CT  
City-St-Zip: ORLANDO, FL 32818

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: LELAND E. KRAUSE

TD

03/22/2009

Electronic Signature of Signing Officer or Director

Date