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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N43260

MAGNOLIA WOODS SUBDIVISION HOMEOWNERS ASSOCIATIO N, INC.

Principal Place of Business

P.O. BOX 4374 SOUTH DAYTONA FL 32121-4374 Mailing Address

P.O BOX 4374

SOUTH DAYTONA FL 32121-4374

FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90037 008 ****61.25

| \vdash \cup \cap | ace of Business | 2a. Mailing Address | Moss Ct. | 3. Date Incorporated or Qualifed 05/06/1991 | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------|---------------------------------------------|----------------------------------------------|---------------------|--|--|--|--|
| 21 48 | SILK MOSS CT. | 26 4 5 1 K | MUSS CT. | 4. FEI Number | Applied For | | | | |
| Suite, Apt. | #, etc. | 27 Suite, Apr. #, etc. | | 59-31.12576 | Not Applicable | | | | |
| City & State | • | City & State | | | \$8.75 Additional | | | | |
| 23 S DU | th Dautona, FL | 28 South I | Daytong, F | 5. Certificate of Status Desired | Fee Required | | | | |
| Zip | Country | Zip | Country | 6. Election Campaign Financing | \$5.00 May Be | | | | |
| 24 3a1 | (9 25 1)5 A | 29 32119 | 30 USA | Trust Fund Contribution | Added to Fees | | | | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | | | | |
| Mrs. Libby Hilderbrandt | | | | | | | | | |
| FRETWEL | L, M. GREGORY | | Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | REE ROAD | | <u> </u> | 48 SIKI NOSS CT. | | | | | |
| SOUTH DAYTONA FL 32119 | | | | | | | | | |
| | | | 84 City | 11 2 1 | 85 Zip Code | | | | |
| | | | outh Daytona F | L 3209] | | | | | |
| 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 | Mrs. Libby The | Editorandt, | Mrs. Libby | Hilderbrandt 1/ | 29/99 | | | | |
| | Signature, typed or printed name of registered agent | ` | Registered Agent signature. | | AND DIDECTORS IN 12 | | | | |
| 12. | OFFICERS AND | DIRECTORS DELETE | 13. | ADDITIONS/CHANGES TO OFFICERS President - P | Change Addition | | | | |
| TITLE | PD | ™ DEFE IE | | Ginny Stanley | PS Cualific Through | | | | |
| NAME | FRETWELL, MARVIN S. | | • | 15 Silk Moss Ct. | | | | | |
| STREET ADDRESS | 2251 BRIAN AVENUE | | 1.3 STREET ADDRESS | S. Daytona, FL 32119 | | | | | |
| CITY-ST-ZIP | S. DAYTONA FL | ₩ ØELETE | | Vice-President - D | ☐ Change | | | | |
| TITLE | VD. | Ø DETE IE | | John Fassel | Decidings | | | | |
| NAME | FRETWELL, M. GREGORY | | 2.2 NAME | 36 Silk Moss Ct. | | | | | |
| STREET ADDRESS | 735 BIG TREE ROAD | | 2.3 STREET ADDRESS | 5, Daytona, FL 32119 | Ì | | | | |
| CITY-ST-ZIP | S. DAYTONA FL | DELETE - | 2.4 CITY-ST-ZIP | Secretary - D | Change Addition | | | | |
| TITLE - | -STD | M htre ie | | Libby Hilderbrandt | DE Critation | | | | |
| NAME | FRETWELL, NONA T. | | | 48 SIK Moss Ct. | | | | | |
| STREET ADDRESS | 2251 BRIAN AVENUE | | 1 | | | | | | |
| CITY-ST-ZIP | S. DAYTONA FL | DELETE | 3.4. CITY-ST-ZIP | | ☐ Change ☐ Addition | | | | |
| TITLE | | € DECE IE | 4.1 TITLE 4. 2 NAME | Treasurer - Dick Gunsallus | | | | | |
| NAME | | | 4. 2 NAME: 4.3 STREET ADDRESS | 31 SILK Moss Ct. | , | | | | |
| STREET ADDRESS | | | | S. Daytona, FL 32119 | | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 4.4 C/TY-ST-Z/P 5.1 ΠΠLE | 2. Day 10.1.1. | ☐ Change ☐ Addition | | | | |
| TITLE | | 1_1 0_06.4 | 5.2 NAME | | | | | | |
| NAME | | | 5.3 STREET ADDRESS | | | | | | |
| STREET ADDRESS | | | 5.4 CITY-ST-ZIP | | | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition | | | | |
| TITLE | | | 6.2 NAME | | | | | | |
| NAME | | | 6.3 STREET ADDRESS | | | | | | |
| STREET ADDRESS | | | 6.4 CITY-ST-ZIP | | | | | | |
| Ctty-st-zip | l | | ■ 0.4 O. 1. O. 1. Ell | | | | | | |

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: