2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # N43260** 1. Entity Name MAGNOLIA WOODS SUBDIVISION HOMEOWNERS ASSOCIATIO 04-12-2001 90067 012 ****61.25 Principal Place of Business Mailing Address 48 SILK MOSS CT 48 SILK MOSS CT SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL 32119 UVV34939 3. Mailing Address 2. Principal Place of Business 28 SILK MOSS CT 28 SILK MOSS DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For S. DAYTONA 59-3112576 DAYTONA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 2119 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HIXSON GARY HILDERBRANT, LIBBY 48 SILK MOSS CT SOUTH DAYTONA FL 32119 City So. DAYTONA ^{zip}£22119 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. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. PAUL D. STELTER Addition Delete TITLE TITLE 24 SILK MOSS CT STANLEY, GINNY NAME NAME STREET ADDRESS 15 SILK MOSS CT STREET ADDRESS SO, DAYTONA FL 32119 CITY-ST-7IP CITY-ST-ZIP S. DAYTONA FL 32119 ☐ Change Addition SHARON ZWICK **VD** Delete TITI F TITLE 47 SILK MOSS CT FASSEL, JOHN NAME NAMÉ STREET ADDRESS 36 SILK MOSS CT STREET ADDRESS SO. DAYTONA FL. 32119 CITY-ST-ZIP -: 'CITY-ST-ZIP S. DAYTONA FL 32119 DAWN STATON Addition ☐ Change SD TITLE Delete TITLE 43 SILK MOSS CT. HILDERBRANT, LIBBY NAME NAME 48 SILK MOSS CT STREET ADDRESS STREET ADDRESS SO. DAYTONA FL 32119 CITY-ST-ZIP CITY-ST-7IP S. DAYTONA FL 32119 GARY P. HIXSON Addition ☐ Change Delete TITLE 28 SILK MOSS CT. **GUNSALLUS, DICK** NAME 31 SILK MOSS CT STREET ADDRESS STREET ADDRESS SO, DAYTONA FL 32119 CITY-ST-ZIP CITY-ST-ZIP S. DAYTONA FL 32119 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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 life.

changed, or on an attachment with an address, SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR