2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43260

FILED Mar 29, 2004 Secretary of State

Entity Name: MAGNOLIA WOODS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:			
19 SILK M SOUTH D	OSS CT AYTONA, FL 3	32119	US			
Current M	lailing Addres	s:		New Mailing Addres	ss:	
19 SILK M SOUTH D	OSS CT AYTONA, FL 3	32119	US			
FEI Number	: 59-3112576	FEI Nur	mber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
PRIOR, H	OLLY					
	OSS CT AYTONA, FL 3	32119	US			
SOUTH D The above	OSS CT AYTONA, FL 3			purpose of changing its registere	ed office or registered agent, or both,	
SOUTH D The above	OSS CT AYTONA, FL 3 e named entity s e of Florida. RE:	submits t	his statement for the			
SOUTH D The above in the State	OSS CT AYTONA, FL 3 e named entity s e of Florida. RE:	submits t		ent	Date	
SOUTH D The above in the State SIGNATU	OSS CT AYTONA, FL 3 e named entity s e of Florida. RE:	submits t	his statement for the	ent		
SOUTH D The above in the State SIGNATU	OSS CT AYTONA, FL 3 e named entity se of Florida. RE: Electron S AND DIREC	ic Signa TORS: Delete T, LIBBY CT	his statement for the	ent	Date	
SOUTH D The above in the State SIGNATUI OFFICER Title: Name: Address:	OSS CT AYTONA, FL 3 e named entity se of Florida. RE: Electron S AND DIRECT PD () HILDERBRAND 48 SILK MOSS S. DAYTONA, F	ic Signation TORS: Delete T, LIBBY CT L 32119 Delete NNIS COURT	his statement for the	ent ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECTORS	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HOLLY PRIOR TD 03/29/2004