

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90082 048 ****61.25



DOCUMENT # N47543			
1. Entity Name MAGNOLIA LAKES PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business 1705 MAGNOLIA LANDINGS SUN CITY CENTER FL 33573 US		Mailing Address P O BOX 5631 SUN CITY CENTER FL 33571 US	
2. Principal Place of Business 2017 W. DEL WEBB		3. Mailing Address	
Suite, Apt. #, etc. ONE "L"		Suite, Apt. #, etc.	
City & State SUN CITY CENTER, FL.		City & State	
Zip 33573	Country USA	Zip	Country
6. Name and Address of Current Registered Agent BUCK, THERESA 1705 MAGNOLIA LANDINGS SUN CITY CENTER FL 33573		7. Name and Address of New Registered Agent Name NOLAN, JAMES Street Address (P.O. Box Number is Not Acceptable) 2017 W. DEL WEBB City SUN CITY CENTER FL Zip Code 33573	
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 JAMES NOLAN, PRESIDENT <small>Signature, typed or printed name of registered agent and title if applicable</small>		<i>James Nolan</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
		DATE 2/26/05	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCK, THERESA 1705 MAGNOLIA LANDINGS SUN CITY CENTER FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOLAN, JAMES 2017 W. DEL WEBB SUN CITY CENTER, FL. 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEFORD, ROBERT 1707 MAGNOLIA LANDINGS SUN CITY CENTER FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BALTER, HELGA 2021 GARDENIA LANDINGS SUN CITY CENTER, FL. 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRAMER, JOSEPH 2015 GARDENIA LANDINGS LANE SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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1st MOORE CR2E037 (10/04)

4. FEI Number.. **59-3124226** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James Nolan* **JAMES NOLAN, PRESIDENT** 2/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #