


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90014 011 ****61.25

DOCUMENT # N47543

1. Entity Name
MAGNOLIA LAKES PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
2017 W DEL WEBB
SUN CITY CENTER, FL 33573 US

Mailing Address
P O BOX 5631
SUN CITY CENTER, FL 33571 US

40047300



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
P.O. Box 1058

Suite, Apt. #, etc. Suite, Apt. #, etc.

02182008 Chg-NP CR2E037 (12/06)

City & State
Ruskin FL

Zip Country
33575

4. FEI Number
59-3124226

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NOLAN, JAMES
2017 W DEL WEBB
SUN CITY CENTER, FL 33573

7. Name and Address of New Registered Agent

Name
Trimmer Kathy

Street Address (P.O. Box Number is Not Acceptable)
409 E. College Ave.

City & State
Ruskin FL

Zip Code
33570

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: *Kathy Trimmer* (NOTE: Registered Agent signature required when reappointing)

Date: **2/26/08**

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOLAN, JAMES 2017 W DEL WEBB 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"/> Delete
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	D BUCK, THERESA 1705 MAGNOLIA LANDINGS SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERNER, PAUL 2016 W DEL WEBB SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Nolan, Peggy 2017 W. Del Webb Blvd. Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Balter, Helga	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Kramer, Joseph	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carr, Florence 2004 Del Webb Blvd. W. Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brunner, Glenn 2017 Gardenia Landings Lane Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Helga Balter* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date: **2/26/08**

Daytime Phone #: **813-645-1569**