


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000515 (7)**
1. Corporation Name
MAGNOLIA VILLAGE I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1513 N HARBOR CITY BLVD MELBOURNE FL 32935 US		Mailing Address 1513 N HARBOR CITY BLVD MELBOURNE FL 32935 US		3. Date Incorporated or Qualified 02/09/1993
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3213829
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	28	Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
30	Country			

9. Name and Address of Current Registered Agent PLATINUM COAST MANAGEMENT 1513 N HARBOR CITY BLVD MELBOURNE FL 32935				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP MCDANIEL, LARRY	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	402 HIGH POINT DR.		1.2 NAME RON LIEBERMAN
STREET ADDRESS	COCOA FL 32926		1.3 STREET ADDRESS PRESIDENT
CITY-ST-ZIP			1.4 CITY-ST-ZIP 3800 TOWN SQUARE BLVD
TITLE	DS DIDOMENICO, PATRICK E	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	402 HIGH POINT DR		2.2 NAME GINGER LIEBERMAN
STREET ADDRESS	COCOA FL		2.3 STREET ADDRESS VICE PRESIDENT
CITY-ST-ZIP			2.4 CITY-ST-ZIP 3800 TOWN SQUARE BLVD
TITLE	DT CAREY, JAMES F	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	402 HIGH POINT DR.		3.2 NAME
STREET ADDRESS	COCOA FL		3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

14. 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.

SIGNATURE: *Rand J. ...*

4/29/98

CR2E037 (10/97)