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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001455 (4)
 1. Corporation Name
MAGNOLIA POINTE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1515 BROADWAY FORT MYERS FL 33902	Mailing Address 1515 BROADWAY FORT MYERS FL 33901-3014
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3. Date Incorporated or Qualified 03/21/1994	3a. Date of Last Report 02/27/1996
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2. Principal Place of Business 21 10001 Magnolia Pointe Suite, Apt. #, etc.	2a. Mailing Address 26 10001 Magnolia Pointe Suite, Apt. #, etc.
22 City & State Fort Myers, Florida	27 City & State Fort Myers, Florida
23 Zip 33919	25 Country USA
29 Zip 33919	30 Country USA

4. FEI Number 65-0482004	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KUSHNER, STEVEN P
1515 BROADWAY
FORT MYERS FL 33902

10. Name and Address of New Registered Agent

81 Name Steven P. Kushner
82 Street Address (P.O. Box Number is Not Acceptable) Steven P. Kushner, PA
83 1375 Jackson Street, Suite 202
84 City Fort Myers
FL 85 Zip Code 33901

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: *Steven P. Kushner* **Steven P. Kushner** 1-27-97
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME LEITCH, JEFFREY	
STREET ADDRESS 20950 CENTER RIDGE ROAD STE. 303	
CITY-ST-ZIP ROCKY RIVE OH 44116	
TITLE VD	<input type="checkbox"/> DELETE
NAME WEISS, IRVING S	
STREET ADDRESS 1330 EATON CENTER	
CITY-ST-ZIP CLEVELAND OH 44114	
TITLE STD	<input type="checkbox"/> DELETE
NAME MEHALL, MARTIN J	
STREET ADDRESS 1330 EATON CENTER	
CITY-ST-ZIP CLEVELAND OH 44114	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME VD
2.3 STREET ADDRESS WEISS, IRVING S.
2.4 CITY-ST-ZIP 7055 Engle Rd., #302
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME STD
3.3 STREET ADDRESS MEHALL, MARTIN J.
3.4 CITY-ST-ZIP 7055 Engle Rd., #302
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: *Martin J. Mehall* **Martin J. Mehall** Jan. 16, 1997 (216) 234-6500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Design Phone # 0055772

CR2E037 (9/96)