

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001455

1. Entity Name

MAGNOLIA POINTE SUBDIVISION HOMEOWNERS ASSOCIATI



FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90101 038 ****61.25

Principal Place of Business 10001 MAGNOLIA POINTE FT MEYERS FL 33919 US	Mailing Address 10001 MAGNOLIA POINTE FT MEYERS FL 33919 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Box 105 9131 College Pkwy/3B City & State FT Meyers FL Zip 33919 Country Lee
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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. Name and Address of Current Registered Agent

KUSHNER, STEVEN P
 STEVEN A KUSHNER PA
 1375 JACKSON ST SUITE 202
 FT MEYERS FL 33901

7. Name and Address of New Registered Agent

Name: JONES, THOMAS F.
 Street Address (P.O. Box Number is Not Acceptable):
 12871 MAGNOLIA PTE CT
 City: FT MEYERS FL Zip Code: 33919

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.

SIGNATURE: *Thomas F Jones* DATE: 7-6-2000

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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEITCH, JEFFREY 20950 CENTER RIDGE ROAD STE. 303 ROCKY RIVE OH 44116 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEISS, IRVING S 70255 ENGLE RD #302 MIDDLEBURG HEIGHTS OH <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MEHALL, MARTIN J 7055 ENGLE RD #302 MIDDLEBURG HEIGHTS OH <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	VD JACK GADDIS SUTPHIN CT FT MEYERS FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMAS F JONES 12871 MAGNOLIA PTE CT FT MEYERS FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input 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 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: *Thomas F Jones*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-2000 944811046
 Date Daytime Phone #

CR2E037 (5/00)