

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90375 046 \*\*\*\*61.25

<b>DOCUMENT # N94000001455</b>					
<b>1. Entity Name</b> MAGNOLIA POINTE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O ALLIANT PROPERTY MANAGEMENT, LLC. 6719 WINKLER ROAD, SUITE 200 FORT MYERS, FL 33919 US			<b>Mailing Address</b> C/O ALLIANT PROPERTY MANAGEMENT, LLC. 6719 WINKLER ROAD, SUITE 200 FORT MYERS, FL 33919 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0482004	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> ALLIANT PROPERTY MANAGEMENT, LLC. 6719 WINKLER ROAD, SUITE 200 FORT MYERS, FL 33912					
<b>7. Name and Address of New Registered Agent</b>					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State <b>FL</b> Zip Code					
<b>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.</b>					
SIGNATURE <i>William H. Brown</i> <i>agent</i> DATE <i>4-22-08</i>					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> BROWN, RICHARD <input type="checkbox"/> Delete 10050 MAGNOLIA POINTE FORT MYERS, FL 33919				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> WEGLARZ, CRESHA <input type="checkbox"/> Delete 12890 MAGNOLIA POINTE FT MYERS, FL 33919				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>TS</b> MAZZORANA, IVAN DR <input type="checkbox"/> Delete 12891 MAGNOLIA POINTE FORT MYERS, FL 33919				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>VP Richard Brown</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>TSD Cresha Weglarz</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>PD Dr Ivan Mazzorana</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
SIGNATURE: <i>Ivan Mazzorana MD</i> <b>PRESIDENT</b> DATE <i>4-20-08</i> DAYTIME PHONE # <i>539-9090</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					