

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001455

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** MAGNOLIA POINTE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8595 COLLEGE PKWY  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

6326 WHISKEY CREEK DRIVE  
FORT MYERS, FL 33919 US

**Current Mailing Address:**

8595 COLLEGE PKWY  
FORT MYERS, FL 33919 US

**New Mailing Address:**

6326 WHISKEY CREEK DRIVE  
FORT MYERS, FL 33919 US

FEI Number: 65-0482004

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEGLARZ, CRESHA  
12890 MAGNOLIA PTE CT  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: BROWN, RICHARD  
Address: 10050 MAGNOLIA POINTE  
City-St-Zip: FORT MYERS, FL 33919

Title: TSD  
Name: WEGLAZ, CRESHA  
Address: 12890 MAGNOLIA POINTE  
City-St-Zip: FT MYERS, FL 33919

Title: PD  
Name: MAZZORANA, IVAN DR  
Address: 12891 MAGNOLIA POINTE  
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: IVAN MAZZORANA, MD

DR.

04/30/2010

Electronic Signature of Signing Officer or Director

Date