# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JAN 23 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001615 (3)

1. Corporation Name
MAGNOLIA VILLAGE HOMEOWNERS ASSOCIATION OF EDGEW ATER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1830 OLD MISSION ROAD<br>MAGNOLIA VILLAGE<br>EDGEWATER FL 32132 | 1830 OLD MISSION ROAD<br>MAGNOLIA VILLAGE<br>EDGEWATER FL 32132 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report: New
4. FEI Number: 59-3245149 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

MOONEY, PAUL
1755 PERSIMMON CIRCLE
EDGEWATER FL 32132

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE (Paul Mooney, Treasurer) 1/16/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1.1 TITLE | ☒ Change ☐ Addition<br>D |
| NAME | BARLOW, GEORGE | 1.2 NAME | Frederick M. Logan |
| STREET ADDRESS | 1792 PERSIMMON CIR | 1.3 STREET ADDRESS | 1800 Persimmon Circle |
| CITY-ST-ZIP | EDGEWATER FL 32132 | 1.4 CITY-ST-ZIP | Edgewater FL 32132 |
| TITLE | D | 2.1 TITLE | ☒ Change ☐ Addition<br>D |
| NAME | CARROLL, WILLIAM | 2.2 NAME | Charles Bryson |
| STREET ADDRESS | 1792 PERSIMMON CIR | 2.3 STREET ADDRESS | 1803 Persimmon Circle |
| CITY-ST-ZIP | EDGEWATER FL 32132 | 2.4 CITY-ST-ZIP | Edgewater FL 32132 |
| TITLE | D | 3.1 TITLE | ☒ Change ☐ Addition<br>D |
| NAME | MICHAUD, ROBERT | 3.2 NAME | Walter Ferris |
| STREET ADDRESS | 1792 PERSIMMON CIR | 3.3 STREET ADDRESS | 1719 Persimmon Circle |
| CITY-ST-ZIP | EDGEWATER FL 32132 | 3.4 CITY-ST-ZIP | Edgewater FL 32132 |
| TITLE | D | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | MOONEY, PAUL | 4.2 NAME | |
| STREET ADDRESS | 1792 PERSIMMON CIR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | EDGEWATER FL 32132 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | STAPLEY, JOHN F | 5.2 NAME | |
| STREET ADDRESS | 3107 CARMIE DR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | EDGEWATER FL 32132 | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | SCC 1-25-95 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Frederick M. Logan Frederick M. Logan, Pres. (904) 426-0366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023814