

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000001615 (3)**

1. Corporation Name

**MAGNOLIA VILLAGE HOMEOWNERS ASSOCIATION OF EDGEWATER, INC.**



Principal Place of Business

Mailing Address

**1830 OLD MISSION ROAD  
MAGNOLIA VILLAGE  
EDGEWATER FL 32132**

**1830 OLD MISSION ROAD  
MAGNOLIA VILLAGE  
EDGEWATER FL 32132**

3. Date Incorporated or Qualified  
**03/28/1994**

3a. Date of Last Report  
**01/23/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOONEY, PAUL  
1755 PERSIMMON CIRCLE  
EDGEWATER FL 32132**

81 Name

**ROBERT A. BURKE**

82 Street Address (P.O. Box Number is Not Acceptable)

83

**1787 PERSIMMON CIRCLE**

84 City

**EDGEWATER**

FL

85 Zip Code

**32132**

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

*Robert A. Burke*

**4-27-96**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE  
NAME **LOGAN, FREDERICK M**  
STREET ADDRESS **1800 PERSIMMON CIR**  
CITY-ST-ZIP **EDGEWATER FL 32132**

11 TITLE **P** ☒ Change ☐ Addition  
12 NAME **JOHN BERRYMAN**  
13 STREET ADDRESS **1780 PERSIMMON CIR**  
14 CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE **D** ☒ DELETE  
NAME **BRYSON, CHARLES**  
STREET ADDRESS **1803 PERSIMMON CIR**  
CITY-ST-ZIP **EDGEWATER FL 32132**

21 TITLE **T** ☒ Change ☐ Addition  
22 NAME **ROBERT A. BURKE**  
23 STREET ADDRESS **1787 PERSIMMON CIR**  
24 CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE **D** ☒ DELETE  
NAME **FERRIS, WALTER**  
STREET ADDRESS **1719 PERSIMMON CIR**  
CITY-ST-ZIP **EDGEWATER FL 32132**

31 TITLE **S** ☒ Change ☐ Addition  
32 NAME **HELEN LAURY**  
33 STREET ADDRESS **1714 PERSIMMON CIR**  
34 CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE **D** ☒ DELETE  
NAME **MOONEY, PAUL**  
STREET ADDRESS **1792 PERSIMMON CIR**  
CITY-ST-ZIP **EDGEWATER FL 32132**

41 TITLE **S** ☒ Change ☐ Addition  
42 NAME **DAVID STONE**  
43 STREET ADDRESS **1725 PERSIMMON CIR**  
44 CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE **D** ☒ DELETE  
NAME **STAPLEY, JOHN F**  
STREET ADDRESS **3107 CARMIE DR**  
CITY-ST-ZIP **EDGEWATER FL 32132**

51 TITLE **D** ☒ Change ☐ Addition  
52 NAME **MORRIS HARRISON**  
53 STREET ADDRESS **1769 PERSIMMON CIR**  
54 CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE **D** ☐ Change ☒ Addition  
62 NAME **NANCY JEPPE**  
63 STREET ADDRESS **1731 PERSIMMON CIR**  
64 CITY-ST-ZIP **EDGEWATER FL 32132**

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)(k), 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:

*Robert A. Burke* - **ROBERT A. BURKE**

**4-27-96**

**1-904-424-1993**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)