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Mar 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

1830 OLD MISSION ROAD
MAGNOLIA VILLAGE
EDGEWATER FL 32132

Mailing Address

1830 OLD MISSION ROAD
MAGNOLIA VILLAGE
EDGEWATER FL 32132



3. Date Incorporated or Qualified
03/28/1994

3a. Date of Last Report
05/01/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERT A. BURKE
1787 PERSIMMON CIRCLE
EDGEWATER FL 32132

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JOHN BERRYMAN	
STREET ADDRESS	1780 PERSIMMON CIRCLE	
CITY - ST - ZIP	EDGEWATER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBERT A. BURKE	
STREET ADDRESS	1787 PERSIMMON CIRCLE	
CITY - ST - ZIP	EDGEWATER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HELEN LAWRY	
STREET ADDRESS	1774 PERSIMMON CIRCLE	
CITY - ST - ZIP	EDGEWATER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DAVID STONE	
STREET ADDRESS	1725 PERSIMMON CIRCLE	
CITY - ST - ZIP	EDGEWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS HARRISON	
STREET ADDRESS	1769 PERSIMMON CIRCLE	
CITY - ST - ZIP	EDGEWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NANCY JEPPE	
STREET ADDRESS	1731 PERSIMMON CIR	
CITY - ST - ZIP	EDGEWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DEWITT TACY	
1.3 STREET ADDRESS	1739 PERSIMMON CIRCLE	
1.4 CITY - ST - ZIP	EDGEWATER, FL 32132	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	SAME	
2.4 CITY - ST - ZIP		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JUNE DAIGNEAULT	
3.3 STREET ADDRESS	3117 NATCHEZ LANE	
3.4 CITY - ST - ZIP	EDGEWATER, FL 32132	
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DEAN DARVELL	
4.3 STREET ADDRESS	3112 CARMIE DR, W	
4.4 CITY - ST - ZIP	EDGEWATER, FL 32132	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FRED FISHENDEN	
5.3 STREET ADDRESS	1677 PAULA COURT	
5.4 CITY - ST - ZIP	EDGEWATER, FL 32132	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ART FULTON	
6.3 STREET ADDRESS	1814 PERSIMMON CIRCLE	
6.4 CITY - ST - ZIP	EDGEWATER, FL 32132	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 ROBERTA. BURKE

3-19-97

904-424-1993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0077304

CR2E037 (9/96)