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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/28/1994

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation ~~owes~~ has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

**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	DEWITT, TACY	
STREET ADDRESS	1739 PERSIMMON CR	
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	DAIGNEAULT, JUNE	
STREET ADDRESS	3117 NATCHEZ LN	
CITY-ST-ZIP	EDGEWATER FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	DARNELL, DEAN	
STREET ADDRESS	3112 CARMIE DR	
CITY-ST-ZIP	EDGEWATER FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FISHENDEN, FRED	
STREET ADDRESS	1677 PAULA CT	
CITY-ST-ZIP	EDGEWATER FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FULTON, ART	
STREET ADDRESS	1814 PERSIMMON CR	
CITY-ST-ZIP	EDGEWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D BARLOW, GEORGE
5.3 STREET ADDRESS	1792 PERSIMMON CIRCLE
5.4 CITY-ST-ZIP	EDGEWATER, FLORIDA 32132

6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D DEBONVILLE, RICHARD
6.3 STREET ADDRESS	1674 PAULA COURT
6.4 CITY-ST-ZIP	EDGEWATER FLORIDA 32132

14. I hereby certify that the information supplied with this filing 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:

Robert A. Burke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 30, 1998
Date
1-904-424-1993
Daytime Phone

CR2E037 (10/97)