

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001615

1. Entity Name

MAGNOLIA VILLAGE HOMEOWNERS ASSOCIATION OF EDGEWATER

Principal Place of Business

1830 OLD MISSION ROAD
MAGNOLIA VILLAGE
EDGEWATER FL 32132

Mailing Address

1830 OLD MISSION ROAD
MAGNOLIA VILLAGE
EDGEWATER FL 32132-2802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ROBERT A. BURKE
1787 PERSIMMON CIRCLE
EDGEWATER FL 32132

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME DEWITT, TACY
STREET ADDRESS 1739 PERSIMMON CR
CITY-ST-ZIP EDGEWATER FL

TITLE T ☐ Delete
NAME ROBERT A. BURKE
STREET ADDRESS 1787 PERSIMMON CIRCLE
CITY-ST-ZIP EDGEWATER FL

TITLE S ☐ Delete
NAME DAIGNEAULT, JUNE
STREET ADDRESS 3117 NATCHEZ LN
CITY-ST-ZIP EDGEWATER FL

TITLE VP ☐ Delete
NAME DARNELL, DEAN
STREET ADDRESS 3112 CARMIE DR
CITY-ST-ZIP EDGEWATER FL

TITLE D ☐ Delete
NAME BARLOW, GEORGE
STREET ADDRESS 1792 PERSIMMON CIR
CITY-ST-ZIP EDGEWATER FL 32132

TITLE D ☐ Delete
NAME FULTON, ARTHUR
STREET ADDRESS 1814 PERMISSION CIR.
CITY-ST-ZIP EDGEWATER FL 32132

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME PHILLIP MCCAFFREY
STREET ADDRESS 1672 PAULA CT.
CITY-ST-ZIP EDGEWATER, FL 32132

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90028 012 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3245149 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2F037 (9/99)

3-11-00

904-424-1993