

2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Mar 07, 2001 8:00 am
Secretary of State

01-30-2001 90188 042 ****61.25

DOCUMENT # N94000001615

1. Entity Name

MAGNOLIA VILLAGE HOMEOWNERS ASSOCIATION OF EDGEW

Principal Place of Business

1830 OLD MISSION ROAD
 MAGNOLIA VILLAGE
 EDGEWATER FL 32132

Mailing Address

1830 OLD MISSION ROAD
 MAGNOLIA VILLAGE
 EDGEWATER FL 32132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3245149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

ROBERT A. BURKE
1787 PERSIMMON CIRCLE
EDGEWATER FL 32132

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DEWITT, TACY	
STREET ADDRESS	1739 PERSIMMON CR	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROBERT A. BURKE	
STREET ADDRESS	1787 PERSIMMON CIRCLE	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DAIGNEAULT, JUNE	
STREET ADDRESS	3117 NATCHEZ LN	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DARNELL, DEAN	
STREET ADDRESS	3112 CARMIE DR	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARLOW, GEORGE	
STREET ADDRESS	1792 PERSIMMON CIR	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FULTON, ARTHUR	
STREET ADDRESS	1814 PERMISSION CIR.	
CITY-ST-ZIP	EDGEWATER FL 32132	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMENT R. MACKAY	
STREET ADDRESS	1658 PAULA COURT	
CITY-ST-ZIP	EDGEWATER FL 32132-2826	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHYLLIS LAPOINTE	
STREET ADDRESS	3127 CARMIE DRIVE	
CITY-ST-ZIP	EDGEWATER FL 32132-2826	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY KENDALL	
STREET ADDRESS	3101 MEMPHIS TERRACE	
CITY-ST-ZIP	EDGEWATER FL 32132-2826	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY WOODWARD	
STREET ADDRESS	1797 PERSIMMON CIRCLE	
CITY-ST-ZIP	EDGEWATER FL 32132-2826	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIP MCCAFFREY	
STREET ADDRESS	1672 PAULA COURT	
CITY-ST-ZIP	EDGEWATER FL 32132-2826	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Clement R. Mackay (CLEMENT R. MACKAY)

1-20-01

904-424-0228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)