


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90018 046 ****61.25

DOCUMENT # N94000001615					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3245149	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE S NAME ROBERT A. BURKE STREET ADDRESS 1787 PERSIMMON CIRCLE CITY-ST-ZIP EDGEWATER, FL	<input type="checkbox"/> Delete		TITLE TREAS. NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME LAWRY, HELEN STREET ADDRESS 1774 PERSIMMON CIRCLE CITY-ST-ZIP EDGEWATER, FL 321322826	<input type="checkbox"/> Delete		TITLE DIRECTOR NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME DARK, WILLIAM STREET ADDRESS 3108 MEMPHIS TERRACE CITY-ST-ZIP EDGEWATER, FL 32132	<input checked="" type="checkbox"/> Delete		TITLE VP NAME WHITE COTTON, DONALD STREET ADDRESS 1668 PAULA CT. CITY-ST-ZIP EDGEWATER, FL 32132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME BOMPADRE, GERALDINE STREET ADDRESS 3104 NATCHEZ LANE CITY-ST-ZIP EDGEWATER, FL 32132	<input checked="" type="checkbox"/> Delete		TITLE D NAME BARLOW, GEORGE STREET ADDRESS 1792 PERSIMMON CIR CITY-ST-ZIP EDGEWATER, FL 32132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME POST, ELLEN STREET ADDRESS 1733 PERSIMMON CIRCLE CITY-ST-ZIP EDGEWATER, FL 32132	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BOYNES, MARYANN STREET ADDRESS 1670 PAULA COURT CITY-ST-ZIP EDGEWATER, FL 32132	<input checked="" type="checkbox"/> Delete		TITLE S NAME MILLER, CHARLES STREET ADDRESS 3117 CARMIE DR. CITY-ST-ZIP EDGEWATER, FL 32132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Robert A. Burke</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2-24-04</u> <u>386-4424-193</u> <small>Date Daytime Phone #</small>		

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