

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001615

FILED
Jan 16, 2009
Secretary of State

Entity Name: MAGNOLIA VILLAGE HOMEOWNERS ASSOCIATION OF EDGEWATER, INC.

Current Principal Place of Business:

1830 OLD MISSION ROAD
MAGNOLIA VILLAGE
EDGEWATER, FL 32132

New Principal Place of Business:

Current Mailing Address:

1787 PERSIMMON CIRCLE
MAGNOLIA VILLAGE
EDGEWATER, FL 32132

New Mailing Address:

FEI Number: 59-3245149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT A. BURKE
1787 PERSIMMON CIRCLE
EDGEWATER, FL 32132 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BURKE, ROBERT A
Address: 1787 PERSIMMON CIRCLE
City-St-Zip: EDGEWATER, FL 321322826

Title: P () Delete
Name: CARMELLO, JOSEPH
Address: 1806 PERSIMMON CIRCLE
City-St-Zip: EDGEWATER, FL 321322826

Title: D () Delete
Name: BATZ, MIKE
Address: 1833 PERSIMMON CIRCLE
City-St-Zip: EDGEWATER, FL 321322826

Title: VP () Delete
Name: HUGHES, DONNA
Address: 3106 CARMIE DRIVE
City-St-Zip: EDGEWATER, FL 321322826

Title: S () Delete
Name: LAIHO, PAT
Address: 1735 PERSIMMON CIRCLE
City-St-Zip: EDGEWATER, FL 321322826

Title: D (X) Delete
Name: KELLY, JACK
Address: 1778 PERSIMMON CIR.
City-St-Zip: EDGEWATER, FL 321322826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/T (X) Change () Addition
Name: BURKE, ROBERT A
Address: 1787 PERSIMMON CIRCLE
City-St-Zip: EDGEWATER, FL 321322826

Title: P (X) Change () Addition
Name: MILLER, CHARLES
Address: 3117 CARMIE DRIVE
City-St-Zip: EDGEWATER, FL 321322826

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KELLY, JACK
Address: 1778 PERSIMMON CIRCLE
City-St-Zip: EDGEWATER, FL 321322826

Title: VP (X) Change () Addition
Name: MCCAFFREY, TOM
Address: 1762 PERSIMMON CIRCLE
City-St-Zip: EDGEWATER, FL 321322826

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A BURKE

S/T

01/16/2009

Electronic Signature of Signing Officer or Director

Date