

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90530 012 \*\*\*\*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

Zip

Country

Zip

Country

4. FEI Number **59-3245149**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERT A. BURKE  
1787 PERSIMMON CIRCLE  
EDGEWATER FL 32132**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **T** ☒ Delete  
NAME **MACKEY, CLEMENT**  
STREET ADDRESS **1658 PAULA COURT**  
CITY-ST-ZIP **EDGEWATER FL 32132-2826**

TITLE **T** ☐ Change ☒ Addition  
NAME **TREASURER**  
STREET ADDRESS **HELEN LAWAY**  
CITY-ST-ZIP **1774 PERSIMMON CIRCLE  
EDGEWATER FL 32132-2826**

TITLE **D** ☒ Delete  
NAME **LAPORTE, PHYLLIS**  
STREET ADDRESS **3127 CARMIE DRIVE**  
CITY-ST-ZIP **EDGEWATER FL 32132-2826**

TITLE **VP** ☐ Change ☒ Addition  
NAME **VICE PRESIDENT**  
STREET ADDRESS **WILLIAM DANK**  
CITY-ST-ZIP **3108 MEMPHIS TERRACE  
EDGEWATER FL 32132**

TITLE **VPD** ☒ Delete  
NAME **KENDALL, LARRY**  
STREET ADDRESS **3101 MEMPHIS TERRACE**  
CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE **D** ☐ Change ☒ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **GERALDINE BOMPADRE**  
CITY-ST-ZIP **3104 NATCHEZ LANE  
EDGEWATER FL 32132**

TITLE **P** ☒ Delete  
NAME **WOODWARD, HENRY**  
STREET ADDRESS **1797 PERSIMMON CIRCLE**  
CITY-ST-ZIP **EDGEWATER FL 32132-2826**

TITLE **P** ☐ Change ☒ Addition  
NAME **PRESIDENT**  
STREET ADDRESS **ELLEN POST**  
CITY-ST-ZIP **1733 PERSIMMON CIRCLE  
EDGEWATER FL 32132**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **MARYANN BOYNES**  
CITY-ST-ZIP **1670 PAULA COURT  
EDGEWATER FL 32132**

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 REQUIRED**

**January 24-2003 386-424-0894**

CR2E037 (10/02)

Attachment

10013988

N94000001615

ADDITIONAL NEW MEMBERS

D DIRECTOR

DONALD WHITECOTTON

1668 PAULA COURT

EDGEWATER FL 32130

D DIRECTOR

GEORGE BARLOW

1792 PERSIMMON CIRCLE

EDGEWATER FL 32132

D DIRECTOR

MICHAEL RÖHDE

1750 PERSIMMON CIRCLE

EDGEWATER FL 32132