

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90040 027 ****61.25

DOCUMENT # N94000002687

1. Entity Name

MAGNOLIA GLEN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

256 MARGATE DR.
DAVENPORT FL 33897
US

Mailing Address

256 MARGATE DR.
DAVENPORT FL 33897
US

2. Principal Place of Business

PO Box 135131

Suite, Apt. #, etc.

3. Mailing Address

PO Box 135131

Suite, Apt. #, etc.

City & State

Clermont FL

City & State

Clermont FL

Zip

34713-931

Country

USA

Zip

34713-531

Country

USA

4. FEI Number

59-3321480

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCULLOH, NEAL
1065 MAITLAND CENTER COMMONS BLVD.
MAITLAND FL 32751

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:

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
Due By May 1, 2005

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

TITLE	DT	<input type="checkbox"/> Delete
NAME	WILLIMSON, CONNY	
STREET ADDRESS	256 MARGATE DR.	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE	BM	<input type="checkbox"/> Delete
NAME	AMENDOLA, JIM	
STREET ADDRESS	175 MARGATE DRIVE	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BISHOP, TOM	
STREET ADDRESS	601 BERNICK DR	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, GORDON	
STREET ADDRESS	246 MARGATE DR.	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	CASTILLO, JAMIE	
STREET ADDRESS	762 BERWICK DR	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, JIMMIE	
STREET ADDRESS	814 BEWICK DR.	
CITY-ST-ZIP	DAVENPORT FL 33897	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williamson, Conny	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D (Director)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P (President)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ted Doyle	
STREET ADDRESS	611 Berwick Drive	
CITY-ST-ZIP	Davenport, FL 33897	
TITLE	S (Secretary)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chase, Jeremy	
STREET ADDRESS	549 Berwick Drive	
CITY-ST-ZIP	Davenport, FL 33897	
TITLE	VP (Vice President)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Belhadi, Janice West	
STREET ADDRESS	175 Margate Drive	
CITY-ST-ZIP	Davenport, FL 33897	
TITLE	D (Director)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas O'hara	
STREET ADDRESS	732 Berwick Drive	
CITY-ST-ZIP	Davenport, FL 33897	

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: Constance Williamson Constance J Williamson 1/26/05 863-426-8565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #