

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90091 043 \*\*\*\*61.25

**DOCUMENT # N94000002687**

1. Entity Name

**MAGNOLIA GLEN HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

PO BOX 13531  
CLERMONT FL 34713-5131  
US

Mailing Address

PO BOX 13531  
CLERMONT FL 34713-5131  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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 reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	WILLIAMSON, CONNY	
STREET ADDRESS	256 MARGATE DR.	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMENDOLA, JIM	
STREET ADDRESS	175 MARGATE DRIVE	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOULE, TED	
STREET ADDRESS	611 BUWICK DRIVE	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JEREMY, CHASE	
STREET ADDRESS	549 BUWICK DRIVE	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BELHADI, JAMIE WEST	
STREET ADDRESS	175 MARGATE DRIVE	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'HARA, DOUGLAS	
STREET ADDRESS	732 BUWICK DRIVE	
CITY-ST-ZIP	DAVENPORT FL 33897	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ted Doyle	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Belhadi, Janice-West	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 WILLIAMSON) 2/15/06