

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002687

FILED
Apr 15, 2009
Secretary of State

Entity Name: MAGNOLIA GLEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

256 MARGATE DRIVE
DAVENPORT, FL 33897 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 13531
CLERMONT, FL 347135131

New Mailing Address:

FEI Number: 59-3321480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCULLOH, NEAL
1065 MAITLAND CENTER COMMONS BLVD.
MAITLAND, FL 32751 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: DT () Delete
Name: WILLIAMSON, CONNY
Address: 256 MARGATE DR.
City-St-Zip: DAVENPORT, FL 33897

Title: D () Delete
Name: CHASE, JEREMY
Address: 549 BERWICK DRIVE
City-St-Zip: DAVENPORT, FL 33897

Title: S () Delete
Name: WEST- BELHADI, JANICE
Address: 175 MARGATE DRIVE
City-St-Zip: DAVENPORT, FL 33897

Title: P () Delete
Name: O'HARA, DOUGLAS W
Address: 732 BERWICK DRIVE
City-St-Zip: DAVENPORT, FL 33897

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CONSTANCE J. WILLIAMSON

DT

04/15/2009

Electronic Signature of Signing Officer or Director

Date