

FILE NOW: FILING FEE IS \$61.25

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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005592 (0)**

1. Corporation Name
MAGNOLIA OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 503 NORTH ORLANDO AVE. SUITE 105 COCOA BEACH FL 32931	Mailing Address 503 NORTH ORLANDO AVE. SUITE 105 COCOA BEACH FL 32931
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2. Principal Place of Business 21 599 ROUZER STREET Suite, Apt. #, etc. 22 City & State 23 APOPKA, FL Zip 24 32712	2a. Mailing Address 26 599 ROUZER STREET Suite, Apt. #, etc. 27 City & State 28 APOPKA, FL Zip 29 32712 Country 30 ORANGE
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3. Date Incorporated or Qualified 11/14/1994	4. FEI Number 59-3289555	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent SHOEMAKER, JOHN B 503 NORTH ORLANDO AVE. SUITE 105 COCOA BEACH FL 32931

10. Name and Address of New Registered Agent 81 Name MATTHEW T. DADISMAN 82 Street Address (P.O. Box Number is Not Acceptable) 309 BAY STREET 83 84 City APOPKA, FL 85 Zip Code 32712
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Matthew T. Dadisman*, **PRESIDENT HOA** **3/10/98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SHOEMAKER, JOHN B 503 N. ORLANDO AVE., STE. 105 COCOA BEACH FL 32931 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BALLARD, JERRY 503 N. ORLANDO AVE., STE. 105 COCOA BEACH FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEE, SYLVIA 503 N. ORLANDO AVE., STE. 105 COCOA BEACH FL 32931 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP DADISMAN, MATTHEW T 309 BAY STREET APOPKA, FL 32712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DV BALLARD, JERRY 280 BAY STREET APOPKA, FL 32712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DT SANTIGATA, FRANK 274 BAY STREET APOPKA, FL 32712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DS POLLOCK, SHARON 190 BAY STREET APOPKA, FL 32712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Matthew T. Dadisman* **3/10/98** **407 869-6749**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/97)