2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State
04-19-2000 90086 003 ****61.25

DOCUMENT # N94000005592

1. Entity Name

MAGNOLIA OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
599 ROUZER ST APOPKA FL 32712 US	599 ROUZER ST APOPKA FL 32712-3651 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
444 W. New England Ave.	444 W. New England Ave
Suite, Apt. #, etc. Suite B	Suite, Apt. #, etc. Suite B
City & State Winter Park FL	City & State Winter Park, FL
Zip 32789 Country	Zip 32789 Country

4. FEI Number 59-3289555 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCMASTER, MICHAEL
261 BAY STREET
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name BRETT M. JORDAN

Street Address (P.O. Box Number is Not Acceptable)

444 W. New England Ave, Suite B

City Winter Park, FL **FL** Zip Code 32789

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.

SIGNATURE _____ BRETT M. JORDAN 3/22/00

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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MCMASTER, MICHAEL 261 BAY STREET APOPKA FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BALLARD, JERRY 280 BAY ST APOPKA FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SANTIGATA, FRANK 274 BAY ST APOPKA FL 32712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV RYAN ANGS	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS POLLOCK, SHARON 190 BAY ST APOPKA FL 32712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BEVERLY BALLARD	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Beverly Ballard BEVERLY BALLARD 3-7-00 407 647-2622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #