

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005592

FILED
Apr 28, 2008
Secretary of State

Entity Name: MAGNOLIA OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVE.
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE.
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 59-3289555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRACKIN, ANDREA L
882 JACKSON AVE.
WINTER PARK, FL 32789 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: STD () Delete
Name: WELLS, JAMES
Address: 301 BAY ST.
City-St-Zip: APOPKA, FL 32712

Title: PD () Delete
Name: JACKSON, SHANE
Address: 275 MEAGEN BETH RD
City-St-Zip: APOPKA, FL 32712

Title: VD () Delete
Name: MACHOVINA, LISETTE
Address: 261 BAY ST.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: MACHOVINA, LISETTE
Address: 261 BAY ST.
City-St-Zip: APOPKA, FL 32712

Title: VD (X) Change () Addition
Name: KEATING, KATHRYN
Address: 365 BAY ST.
City-St-Zip: APOPKA, FL 32712

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: LISETTE MACHOVINA

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date