

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90206 024 ****61.25

DOCUMENT # N94000005592

1. Entity Name

MAGNOLIA OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**444 W NEW ENGLAND AVE
SUITE B
WINTER PARK FL 32789
US**

Mailing Address

**444 W NEW ENGLAND AVE
SUITE B
WINTER PARK FL 32789
US**

2. Principal Place of Business

882 JACKSON AVE

Suite, Apt. #, etc.

3. Mailing Address

882 JACKSON AVE

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Winter Park FL

Zip

Country

32789 USA

City & State

Winter Park FL

Zip

Country

32789 USA

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

DAVIS, KEVIN

**444 W. NEW ENGLAND AVE STE B
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name

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

882 JACKSON AVE

City

Winter Park

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. 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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MCMMASTER, MICHAEL	
STREET ADDRESS	261 BAY STREET	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BALLARD, JERRY	
STREET ADDRESS	280 BAY ST	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAHANNA, ROBIN	
STREET ADDRESS	184 BAY ST	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	S	<input type="checkbox"/> Delete
NAME	BALLARD, BEVERLY	
STREET ADDRESS	280 BAY ST	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMMASTERS, Michael	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisette Dague	
STREET ADDRESS	261 BAY ST	
CITY-ST-ZIP	APOPKA, FL 32712	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

4/1/03

CR2E037 (10/02)