

FILE NOW: FILING FEE IS \$61.2

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mom
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001829 (9)
1. Corporation Name

MAGNOLIA PARK OF WINDERMERE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 7601 WESTPOINTE BLVD. ORLANDO FL 32835
Mailing Address: 7601 WESTPOINTE BLVD. ORLANDO FL 32835

3. Date Incorporated or Qualified: 04/18/1995
3a. Date of Last Report: [blank]
4. FEL Number: 59-334-3459
Applied For: [blank]
Not Applicable: [blank]
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [X] No

2. Principal Place of Business
21 8933 S. Apopka-
Suite, Apt. #, etc. 22 Vineland Rd.
City & State 23 Orlando, Florida
Zip 24 32836 Country 25 USA
2a. Mailing Address
26 8933 S. Apopka-
Suite, Apt. #, etc. 27 Vineand Rd.
City & State 28 Orlando, Florida
Zip 29 32836 Cntry 30 USA

9. Name and Address of Current Registered Agent
KOHN, DAVID
7601 WESTPOINTE BLVD.
ORLANDO FL 32835

10. Name and Address of New Registered Agent
81 Name KOHN, DAVID
82 Street Address (P.O. Box Number is Not Acceptable) 8933 S. Apopka Vineland Road
83 [blank]
84 City Orlando FL 85 Zip Code 32836

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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: [blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	KOHN, DAVID	1.2 NAME	
STREET ADDRESS	7601 WESTPOINTE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	1.4 CITY-ST-ZIP	
TITLE	DV [] DELETE	2.1 TITLE	[] Change [] Addition
NAME	COHEN, SIMON	2.2 NAME	
STREET ADDRESS	7601 WESTPOINTE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	2.4 CITY-ST-ZIP	
TITLE	DST [] DELETE	3.1 TITLE	[] Change [] Addition
NAME	HALLIDAY, JUDITH	3.2 NAME	
STREET ADDRESS	7601 WESTPOINTE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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[Signature]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 4-27-96 DAYTIME PHONE #: 407-587-6156

CR2E037 (12/95)