

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N95000001829 (9)
 1. Corporation Name
MAGNOLIA PARK OF WINDERMERE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 8933 S. APOPKA-VINELAND RD. OLANDO FL 32836	Mailing Address 8933 S. APOPKA-VINELAND RD. OLANDO FL 32836
---	---

3. Date Incorporated or Qualified 04/18/1995	
4. FEI Number 59-3343459	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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent
KOHN, DAVID
8933 S. APOPKA-VINELAND RD.
OLANDO FL 32836

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KOHN, DAVID	
STREET ADDRESS	7601 WESTPOINTE BLVD.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	COHEN, SIMON	
STREET ADDRESS	7601 WESTPOINTE BLVD.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	HALLIDAY, JUDITH	
STREET ADDRESS	7601 WESTPOINTE BLVD.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KOHN, DAVID	
1.3 STREET ADDRESS	8933 S. APOPKA-VINELAND ROAD	
1.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32836	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COHEN, SIMON	
2.3 STREET ADDRESS	8933 S. APOPKA-VINELAND ROAD	
2.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32836	
3.1 TITLE	SDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HALLIDAY, JUDITH	
3.3 STREET ADDRESS	8933 S. APOPKA-VINELAND ROAD	
3.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32836	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: _____

CP2E037 (10/97)