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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000001829

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 2180 Park Ave. N.

26 2180 Park Ave. N.

04/18/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number 59-3343459

Applied For Not Applicable

22 Ste. 326

27 Ste. 326

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Winter Park, FL

28 Winter Park, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 32789 25 USA

29 32789 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOHN, DAVID 8933 S. APOPKA-VINELAND RD. OLANDO FL 32836

81 Name Specialty Management Company of Central A.
82 Street Address (P.O. Box Number is Not Acceptable) Brett Matthew Jordan
83 2180 Park Ave. North Suite # 326
84 City Winter Park FL 85 Zip Code 32789

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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME KOHN, DAVID
STREET ADDRESS 8933 S. APOPKA-VINELAND ROAD
CITY-ST-ZIP ORLANDO FL 32836

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV
NAME COHEN, SIMON
STREET ADDRESS 8933 S. APOPKA-VINELAND ROAD
CITY-ST-ZIP ORLANDO FL 32836

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SDT
NAME HALLIDAY, JUDITH
STREET ADDRESS 8933 S. APOPKA-VINELAND ROAD
CITY-ST-ZIP ORLANDO FL 32836

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 2 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-23-99

407-647-2622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)