

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90709 046 ****61.25

DOCUMENT # N95000001829

1. Entity Name

MAGNOLIA PARK OF WINDERMERE HOMEOWNERS ASSOCIATI

Principal Place of Business

Mailing Address

2180 PARK AVENUE. NORTH
SUITE 326
WINTER PARK FL 32789
US

2180 PARK AVENUE. NORTH
SUITE 326
WINTER PARK FL 32789-2358
US

2. Principal Place of Business

3. Mailing Address

444 W. New England Ave

444 W. New England Ave

Suite, Apt. #, etc
Suite B

Suite, Apt. #, etc
Suite B

City & State
Winter Park, FL

City & State
Winter Park, FL

Zip
32789

Country

Zip
32789

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3343459

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPECIALTY MANAGEMENT COMPANY OF CENTRAL A
ATTN: BRETT MATTHEW JORDAN
2180 PARK AVENUE, NORTH, SUITE 326
WINTER PARK FL 32789

Name

Davis, Kevin

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

444 W. New England Ave
Suite B

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.

SIGNATURE

4/21/00

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	KOHN, DAVID	
STREET ADDRESS	8933 S. APOPKA-VINELAND ROAD	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	DV	<input type="checkbox"/> Delete
NAME	COHEN, SIMON	
STREET ADDRESS	8933 S. APOPKA-VINELAND ROAD	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	HALLIDAY, JUDITH	
STREET ADDRESS	8933 S. APOPKA-VINELAND ROAD	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change ... <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8000 The Esplanade
CITY-ST-ZIP	Orlando, FL 32836
TITLE	<input checked="" type="checkbox"/> Change ... <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8000 The Esplanade.
CITY-ST-ZIP	Orlando, FL 32836
TITLE	<input checked="" type="checkbox"/> Change ... <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8000 The Esplanade
CITY-ST-ZIP	Orlando, FL 32836
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 another like empowered.

SIGNATURE: SIGNATURE REQUIRED

4/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR12E037 (9/99)