

00 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90036 045 ****61.25

0016051

DOCUMENT # N95000001829

Entity Name

MAGNOLIA PARK OF WINDERMERE HOMEOWNERS ASSOCIATION, INC. ✓

Principal Place of Business

Mailing Address

**PARK AVENUE, NORTH
 328
 7 PARK FL 32789**

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

00070606



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

14 W. New England Ave

444 W. New England Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

Suite B

City & State

City & State

Winter Park, FL

Winter Park, FL

Zip

Zip

32789

32789

Country

Country

US

US

4. FEI Number

59-3343459

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPECIALTY MANAGEMENT COMPANY OF CENTRAL A
 TN: BRETT MATTHEW JORDAN
 180 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

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

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

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '00

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	KOHN, DAVID	
STREET ADDRESS	8933 S. APOPKA-VINELAND ROAD	
CITY - ST - ZIP	ORLANDO FL 32836	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	COHEN, SIMON	
STREET ADDRESS	8933 S. APOPKA-VINELAND ROAD	
CITY - ST - ZIP	ORLANDO FL 32836	
TITLE	SDT	<input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven Delisle	
STREET ADDRESS	13509 Magnolia Park Ct.	
CITY - ST - ZIP	Wintermere, FL 34786	
TITLE	SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maryanne Vermillion	
STREET ADDRESS	13517 Magnolia Park Ct.	
CITY - ST - ZIP	Wintermere, FL 34786	
TITLE	FD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lenny Strouder	
STREET ADDRESS	13516 Magnolia Park Ct.	
CITY - ST - ZIP	Wintermere FL 34786	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stanley Guinier - VPD	
STREET ADDRESS	13524 Magnolia Park Ct.	
CITY - ST - ZIP	Wintermere, FL 34786	
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 empowerments.

Handwritten signature and date