NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
04-02-2002 90960 044 ****61.25

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32524

1. Entity Name
MAGNOLIA PARK OF WINDERMERE HOMEOWNERS ASSOCIATION ✓

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
135 W. Pineveiw Street	135 W. Pineveiw Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Altamonte Springs, Fl	City & State: Altamonte Springs, Fl
Zip: 32714 Country: US	Zip: 32714 Country: US

4. FEI Number: 59-3343459 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: PRESIDENTIAL GROUP SOUTH, INC.

Street Address (P.O. Box Number is Not Acceptable): 135 W. Pineveiw Street

City: ALTAMONTE SPRINGS FL Zip Code: 32714

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: President Anthony Guadagnino 4/19/02
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT D STEVE DELISLE 13509 Magnolia Park Ct. Windermere, Fl 32786
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S,T,D] MARYANN VERMILLION 13517 Magnolia Park Ct. Windermere, Fl 34786
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V, D GINTER, STAN 13529 MAGNOLIA PARK CT WINDERMERE, FL 34786
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: MaryAnn Vermillion 3/14/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #