


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90022 029 ****61.25

DOCUMENT # N95000001829 1. Entity Name MAGNOLIA PARK OF WINDERMERE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4403 BEGONIA CT WINDERMERE, FL 34786 US			Mailing Address P.O. BOX 553 GOTHA, FL 34734 US		
2. Principal Place of Business - No P.O. Box # 4473 Begonia Court Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Windermere FL			City & State		
Zip 34786		Country USA		4. FEI Number 59-3343459	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HOEBBEL, ERIC J PRES 4403 BEGONIA CT WINDERMERE, FL 34786				7. Name and Address of New Registered Agent Name Mary Ann Vermillion Street Address (P.O. Box Number is Not Acceptable) 13517 Magnolia Park Court City Windermere FL Zip Code 34786	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Mary Ann Vermillion</i> Mary Ann Vermillion, Treasurer 3/13/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HOEBBEL, ERIC J 4403 BEGONIA CT WINDERMERE, FL 34786	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mader, Richard 4473 Begonia Court Windermere FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STORK, TERRY L 4466 BEGONIA CT WINDERMERE, FL 34786	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERICKSON, Matthew 13552 Magnolia Park Ct Windermere, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC EWING, KATHRYN A 13533 MAGNOLIA PARK CT WINDERMERE, FL 34786	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES VERMILLION, MARY A 13517 MAGNOLIA PARK CT WINDERMERE, FL 34786	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered.					
SIGNATURE: <i>Mary Ann Vermillion</i> Mary Ann Vermillion 3/13/08 407/654-388 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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