

FILE NOW: FILING FEE IS \$61.25

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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002359 (6)**

1. Corporation Name

MAGNOLIA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**5523 DENISE AVENUE
ORLANDO FL 32810
US**

**5523 DENISE AVENUE
ORLANDO FL 32810
US**

3. Date Incorporated or Qualified

05/15/1995

4. FEI Number

59-1230092-59-3322413

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLING, LEE JAY
500 NORTH MAITLAND AVE.
STE. 203
MAITLAND FL 32751**

81 Name

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

83

84 City

FL

85 Zip Code

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 **P** ☐ DELETE

NAME **DOOLING, DAVID**
STREET ADDRESS **5523 DENISE AVENUE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **S** ☐ DELETE

NAME **ZWEIGLE, CHARLES**
STREET ADDRESS **5475 DENISE AVE.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **T** ☐ DELETE

NAME **HERBERT, HELEN**
STREET ADDRESS **5548 MICHELLE AVE.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE

NAME **CRAWFORD, LINDA**
STREET ADDRESS **5445 LEON CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **D** ☐ DELETE

NAME **LOVERN, LOIS**
STREET ADDRESS **5527 LEON CIRCLE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE

NAME **MARINO, PETER**
STREET ADDRESS **5502 DENISE AVENUE**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David Dooling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID DOOLING, PRESIDENT 2/2/98 407-299-0086

Date

Daytime Phone # 0018811

CP2E037 (10/97)