

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90012 001 \*\*\*\*61.25

DOCUMENT # **N95000002359**

1. Corporation Name

**MAGNOLIA HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**5523 DENISE AVENUE  
ORLANDO FL 32810  
US**

Mailing Address

**5523 DENISE AVENUE  
ORLANDO FL 32810  
US**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

3. Date Incorporated or Qualified

**05/15/1995**

4. FEI Number

**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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**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

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**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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, with all other like empowered.

SIGNATURE: **Helen Herbert** **RENEE HERBERT, T** **3/12/99** **407-299-0086**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)