

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002359

1. Entity Name

MAGNOLIA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

5523 DENISE AVENUE
ORLANDO FL 32810
US

Mailing Address

5523 DENISE AVENUE
ORLANDO FL 32810-3611
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3322413

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME DOOLING, DAVID
STREET ADDRESS 5523 DENISE AVENUE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☒ Addition
NAME JANE LYTTLE
STREET ADDRESS 5473 LEON CIRCLE
CITY-ST-ZIP ORLANDO, FL 32810

TITLE S ☐ Delete
NAME ZWIGLE, CHARLES
STREET ADDRESS 5475 DENISE AVE.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☒ Addition
NAME SUSANNE JONES
STREET ADDRESS 5522 LEON CIRCLE
CITY-ST-ZIP ORLANDO FL 32810

TITLE T ☐ Delete
NAME HERBERT, HELEN
STREET ADDRESS 5548 MICHELLE AVE.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CRAWFORD, LINDA
STREET ADDRESS 5445 LEON CIRCLE
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME LOVERN, LOIS
STREET ADDRESS 5527 LEON CIRCLE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MARINO, PETER
STREET ADDRESS 5502 DENISE AVENUE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE: *HELEN HERBERT*

3-10-00

407-296-2048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)