

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90013 031 ****61.25

0027008

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
 US**

936020



DO NOT WRITE IN THIS SPACE

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
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 **JONES, SUSANNE**
 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 **HERBERT** **3/20/01** **407-290-2048**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)