


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State


03-21-2005 90097 021 ****61.25

DOCUMENT # N95000002359	
1. Entity Name MAGNOLIA HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 5519 Michelle Ave 5416 DENISE AVE ORLANDO FL 32810 US	Mailing Address 5519 Michelle Ave 5416 DENISE AVE ORLANDO FL 32810 US
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2. Principal Place of Business MAGNOLIA ESTATE PARK Suite, Apt. #, etc.	3. Mailing Address 5519 Michelle Ave Suite, Apt. #, etc.
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City & State ORLANDO, FL	City & State
Zip 32810	Country ORANGE

	
1st MOORE	CR2E037 (10/04)
4. FEI Number 59-3322413	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SIBLEY, HERBERT G 5519 MICHELLE ST. ORLANDO FL 32810	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Herbert G Sibley Treasurer</i>	DATE 3/16/05

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Delete	TITLE P CHARLENE MONTGOMERY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DOOLING, DAVID		NAME 5442 LEON CIRCLE	
STREET ADDRESS 5523 DENISE AVENUE		STREET ADDRESS ORLANDO, FL 32810	
CITY-ST-ZIP ORLANDO FL			
TITLE PD	<input type="checkbox"/> Delete	TITLE S LORRE BERNAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ZWEIGLE, CHARLES		NAME 5451 DENISE	
STREET ADDRESS 5475 DENISE AVE.		STREET ADDRESS ORLANDO, FL 32810	
CITY-ST-ZIP ORLANDO FL			
TITLE PD	<input type="checkbox"/> Delete	TITLE D HELEN HERBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SILVERSTEIN, MARVIN		NAME 5548 MICHELLE	
STREET ADDRESS 5429 LEON CIRCLE		STREET ADDRESS ORLANDO, FL	
CITY-ST-ZIP ORLANDO FL 32810			
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRAWFORD, LINDA		NAME	
STREET ADDRESS 5445 LEON CIRCLE		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32810		CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RHOADS, PATRICIA		NAME	
STREET ADDRESS 5498 JALCEN ST.		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32810		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIBLEY, HERBERT G		NAME	
STREET ADDRESS 5519 MICHELLE ST.		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32810		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: <i>Herbert G. Sibley</i>	407 291 9598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	