

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90009 004 ****61.25

DOCUMENT # N95000002359

1. Entity Name

MAGNOLIA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5519 MICHELLE AVE
MAGNOLIA ESTATE PARK
ORLANDO FL 32810
US

5519 MICHELLE AVE
ORLANDO FL 32810
US



2. Principal Place of Business - No P.O. Box #

5485 JALEEN Ave

3. Mailing Address

5485 JALEEN Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3322413

Applied For

Not Applicable

Zip

32810

Country

USA

Zip

32810

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIBLEY, HERBERT G
5519 MICHELLE ST.
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name ANDY BATTAGLIA

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

5485 JALEEN Ave

ORLANDO

City

FL

Zip Code

32810

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

Andy Battaglia ANDY BATTAGLIA, DIRECTOR 2/17/07

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
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOOLING, DAVID	
STREET ADDRESS	5523 DENISE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZWEIGLE, CHARLES	
STREET ADDRESS	5475 DENISE AVE.	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	S	<input type="checkbox"/> Delete
NAME	HILT, DIANE	
STREET ADDRESS	5525 JOLINE JALEEN Ave	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CRAWFORD, LINDA	
STREET ADDRESS	5445 LEON CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	P	<input type="checkbox"/> Delete
NAME	MONTGOMERY, CHARLENE	
STREET ADDRESS	5442 LEON CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SIBLEY, HERBERT G	
STREET ADDRESS	5519 MICHELLE ST.	
CITY-ST-ZIP	ORLANDO FL 32810	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDY BATTAGLIA	
STREET ADDRESS	5485 JALEEN Ave	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COROLE MANETTE	
STREET ADDRESS	5502 Denise Ave	
CITY-ST-ZIP	ORLANDO FL 32810	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Charles L. Montgomery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-07 4107-292-

Date

Daytime Phone # 70355