

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002359

FILED
Feb 10, 2009
Secretary of State

Entity Name: MAGNOLIA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5485 JALEEN AVE
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

5485 JALEEN AVE
ORLANDO, FL 32810 US

New Mailing Address:

FEI Number: 59-3322413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATTAGLIA, ANDY
5485 JALEEN AVE
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BATTAGLIA, ANDY
Address: 5485 JALEEN AVE
City-St-Zip: ORLANDO, FL 32810

Title: T () Delete
Name: DUGAS, MARGE
Address: 5539 MICHELLE AVE.
City-St-Zip: ORLANDO, FL 32810

Title: S () Delete
Name: WEIL, JOAN
Address: 5400 DENISE AVE.
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: CRAWFORD, LINDA
Address: 5445 LEON CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: P () Delete
Name: MONTGOMERY, CHARLENE
Address: 5473 LEON CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: T () Delete
Name: MANETTE, CAROLE
Address: 5502 DENISE AVE
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ZWEIGLE, CHARLES
Address: 5475 DENISE AVE.
City-St-Zip: ORLANDO, FL 32810

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDY BATTAGLIA

VP

02/10/2009

Electronic Signature of Signing Officer or Director

Date