

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005788 (3)

1. Corporation Name

MAGNOLIA PARK VILLAS I CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business

Mailing Address

538 CREEKWOOD DR
ORLANDO FL

538 CREEKWOOD DR
ORLANDO FL

3. Date Incorporated or Qualified

12/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MIGNAIR, JOEL~~
538 CREEKWOOD DR
ORLANDO FL

81 Name
GEORGE HODGES

82 Street Address (P.O. Box Number is Not Acceptable)
435 E. SR 434, SUITE 300

83

84 City
LONGWOOD

FL

85 Zip Code
32750

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

George Hodges, RA 8-7-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~DELETED~~ ☒ DELETE
NAME ~~MIGNAIR, JOEL~~
STREET ADDRESS 538 CREEKWOOD DR
CITY-ST-ZIP ORLANDO FL

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME FRANK L. CLAY
1.3 STREET ADDRESS 4427 COUNTRY CLUB DR
1.4 CITY-ST-ZIP ORLANDO, FL 32808

TITLE ~~DELETED~~ ☒ DELETE
NAME ~~YOUNKER, BRUCE~~
STREET ADDRESS 538 CREEKWOOD DR
CITY-ST-ZIP ORLANDO FL

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition
2.2 NAME STANLEY CLAY
2.3 STREET ADDRESS 4427 COUNTRY CLUB DR
2.4 CITY-ST-ZIP ORLANDO, FL 32808

TITLE ~~DELETED~~ ☒ DELETE
NAME ~~NIEVS, ALEHA~~
STREET ADDRESS 538 CREEKWOOD DR
CITY-ST-ZIP ORLANDO FL

3.1 TITLE SECRETARY ☒ Change ☐ Addition
3.2 NAME CORNELIA MCCREE
3.3 STREET ADDRESS 4002 KINGBRIDGE DR
3.4 CITY-ST-ZIP ORLANDO, FL 32819

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE TREASURER ☐ Change ☒ Addition
4.2 NAME LESA CAMPBELL
4.3 STREET ADDRESS 6724 SPRING RAIN DR
4.4 CITY-ST-ZIP ORLANDO, FL 32819

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/96

Date

Daytime Phone #

0004447

CR2E037 (3/96)