

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 # N95000005789 (1)

1. Corporation Name
MAGNOLIA PARK VILLAS II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
538 CREEKWOOD DR ORLANDO FL

Mailing Address
538 CREEKWOOD DR ORLANDO FL

3. Date Incorporated or Qualified **12/07/1995** 3a. Date of Last Report

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 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
**MC NAIR, JOEL
 538 CREEKWOOD DR
 ORLANDO FL**

10. Name and Address of New Registered Agent
 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *George Hodges, EA 8-7-96* DATE **8-7-96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPST <input checked="" type="checkbox"/> DELETE
NAME	MC NAIR, JOEL
STREET ADDRESS	538 CREEKWOOD DR
CITY - ST - ZIP	ORLANDO FL
TITLE	BY <input checked="" type="checkbox"/> DELETE
NAME	YOUNKER, BRUCE
STREET ADDRESS	538 CREEKWOOD DR
CITY - ST - ZIP	ORLANDO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	NIEVS, ALEJA
STREET ADDRESS	538 CREEKWOOD DR
CITY - ST - ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRANK L. CLAY
1.3 STREET ADDRESS	4427 COUNTRY CLUB DR
1.4 CITY - ST - ZIP	ORLANDO, FL 32808
2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STANLEY CLAY
2.3 STREET ADDRESS	4427 COUNTRY CLUB DR
2.4 CITY - ST - ZIP	ORLANDO, FL 32808
3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CORNELIA MCCREE
3.3 STREET ADDRESS	4002 KINGBRIDGE DR
3.4 CITY - ST - ZIP	ORLANDO, FL 32819
4.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LESA CAMPBELL
4.3 STREET ADDRESS	6724 SPRING RAIN DR
4.4 CITY - ST - ZIP	ORLANDO, FL 32819
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *dk* **SIGNATURE REQUIRED** **8/7/96** Date Daytime Phone # **0004446**

CR2E037 (3/96)