

**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 # N95000005791 (7)

1. Corporation Name
MAGNOLIA PARK VILLAS III 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
12/07/1995

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

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

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

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 85. Zip Code
FL 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: *George Hodges* DATE: **8-7-96**

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, ALEJIA	
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		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *George Hodges* DATE: **8/7/96** Daytime Phone #: **000444**

CR2E037 (3/96)