

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 # **N95000005792 (5)**

1. Corporation Name

MAGNOLIA PARK VILLAS HOMEOWNERS 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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

**MC NAIR, 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 617.0602 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 617.0508, Florida Statutes.

SIGNATURE

Signature of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **MC NAIR, JOEL**
STREET ADDRESS **538 CREEKWOOD DR**
CITY-ST-ZIP **ORLANDO FL**

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

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

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

TITLE ☒ DELETE
NAME **NIEVS, ALEJA**
STREET ADDRESS **538 CREEKWOOD DR**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/96
Date

Daytime Phone #

CR2E037 (3/96)