## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000001918

FILED Apr 28, 2006 Secretary of State

Entity Name: MARGIE COURT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

231 RUBY AVE SUITE B

KISSIMMEE, FL 34741 US

Current Mailing Address: New Mailing Address:

PO BOX 452847

KISSIMMEE, FL 34745 US

FEI Number: 59-3378443 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ASSOCIATION SOLUTIONS OF CENT FL

PO BOX 452847

KISSIMMEE, FL 34745 US

ASSOCIATION SOLUTIONS OF CENT FL

231 E RUBY AVE

KISSIMMEE, FL 34741 US

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: MINETTA GARAY 04/28/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition Name: JONES, GERALD F Name:

 Name:
 JONES, GERALD F
 Name:

 Address:
 1736 MARGIE CT
 Address:

 City-St-Zip:
 KISSIMMEE, FL 34746
 City-St-Zip:

Title: VP ( ) Delete Title: STD (X) Change ( ) Addition Name: JONES, PATRICIA Name: JONES, PATRICIA

Address: 1738 MARGIE COURT Address: 1738 MARGIE COURT
City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: KISSIMMEE, FL 34746

 Name:
 BLAIR, CHRISTINE
 Name:
 WEHNER, EUSTACE

 Address:
 1715 MARGIE CT
 Address:
 1730 MARGIE COURT

 City-St-Zip:
 KISSIMMEE, FL 34746
 City-St-Zip:
 KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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: GERALD F JONES P 04/28/2006