

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002904 (8)**  
1. Corporation Name

**MAGNOLIA PLACE COMMUNITY ASSOCIATION, INC.**

Principal Place of Business <b>3504 OFFICE PARK ROAD SEBRING FL 33870</b>	Mailing Address <b>3504 OFFICE PARK ROAD SEBRING FL 33870-5475</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/30/1996</b>	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0707187</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>KOCH, EDWARD O JR 3504 OFFICE PARK ROAD SEBRING FL 33870</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

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

Signature, typed 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, EDWARD O JR	1.2 NAME	
STREET ADDRESS	POST OFFICE BOX 1965	1.3 STREET ADDRESS	<b>1908 DELEON PL</b>
CITY-ST-ZIP	SEBRING FL 33871-1965	1.4 CITY-ST-ZIP	<b>SEBRING FL 33870</b>
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<b>V/S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, LOUISE S	2.2 NAME	
STREET ADDRESS	POST OFFICE BOX 1965	2.3 STREET ADDRESS	<b>1908 DELEON PL</b>
CITY-ST-ZIP	SEBRING FL 33871-1965	2.4 CITY-ST-ZIP	<b>SEBRING FL 33870</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<b>V/S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLSTON, CLARENCE E	3.2 NAME	
STREET ADDRESS	POST OFFICE BOX 1965	3.3 STREET ADDRESS	<b>101 IVY AVE</b>
CITY-ST-ZIP	SEBRING FL 33871-1965	3.4 CITY-ST-ZIP	<b>SEBRING FL 33870</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>V/T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>MICHAEL B. ZIMMERMAN</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>PO BOX 1965 N/A</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>SEBRING FL 33871-1965</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 its 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 in Block 13 if attached with an address.

SIGNATURE: 

3-22-97

(941) 385-6188

CP2E037 (9/96)