2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90282 038 ****61.25

DOCUMENT # N96000002904

1. Entity Name
MAGNOLIA PLACE COMMUNITY ASSOCIATION, INC.

Principal Place of Business
3504 OFFICE PARK ROAD
SEBRING, FL 33870

Mailing Address P.O. Box 1965
~~3504 OFFICE PARK ROAD~~
SEBRING, FL ~~33870~~ 33871

J40091090

01062004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-0707187 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOCH, EDWARD O JR
3504 OFFICE PARK ROAD
SEBRING, FL 33870

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOCH, EDWARD O JR
STREET ADDRESS	1908 DELEON PL
CITY-ST-ZIP	SEBRING, FL
TITLE	VSD
NAME	KOCH, LOUISE S
STREET ADDRESS	1908 DELEON PL
CITY-ST-ZIP	SEBRING, FL
TITLE	VSD
NAME	POLSTON, CLARENCE E
STREET ADDRESS	101 IVY AVE.
CITY-ST-ZIP	SEBRING, FL
TITLE	VTD
NAME	ZIMMERMAN, MICHAEL B
STREET ADDRESS	P.O. BOX 1965 N/A
CITY-ST-ZIP	SEBRING, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2-2-04 863-385-8699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #