

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004898

FILED
Apr 09, 2009
Secretary of State

Entity Name: MAGNOLIA POND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 65-0757978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JR., JAMES W
SENTRY MANAGEMENT, INC.
2180 W SR 434, SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JUDGE, DEBBIE
Address: 5236 MAGNOLIA POND DR
City-St-Zip: SARASOTA, FL 34233

Title: VPD () Delete
Name: BOTTOMLEY, KARYN
Address: 5553 MAGNOLIA BLOSSOM LN
City-St-Zip: SARASOTA, FL 34233

Title: SD () Delete
Name: BOLMER, LINDA
Address: 5195 MAGNOLIA POND DR
City-St-Zip: SARASOTA, FL 34233

Title: TD () Delete
Name: SOMMA, BARBARA
Address: 5536 MAGNOLIA TREE TERR
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: NIXON, SANDRA
Address: 5179 MAGNOLIA POND DR
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MCNUTT, JAN
Address: 5546 MAGNOLIA TREE TERR
City-St-Zip: SARASOTA, FL 34233

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DEBBIE JUDGE

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date