# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 22, 2001 8:00 am**
**Secretary of State**
05-22-2001 90011 040 ****61.25

DOCUMENT # N97000000405

1. Entity Name

MAGNOLIA ESTATES OWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 9551 BAYMEADOWS ROAD #4<br>JACKSONVILLE FL 32256 | 9551 BAYMEADOWS ROAD #4<br>JACKSONVILLE FL 32256 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 11651 MAGNOLIA ESTATES Rd | 11651 MAGNOLIA ESTATES Rd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: JACKSONVILLE, FL | City & State: JACKSONVILLE, FL |
| Zip: 32223 Country: DUVAL | Zip: 32223 Country: DUVAL |

4. FEI Number 59-3515210 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| WALLACE, L D<br>9551 BAYMEADOWS ROAD #4<br>JACKSONVILLE FL 32256 | Name: MARTIN CHAFETZ<br>Street Address (P.O. Box Number is Not Acceptable): 11651 MAGNOLIA ESTATES Rd<br>City: JACKSONVILLE **FL** Zip Code: 32223 |

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.

X SIGNATURE: Martin Chafetz 5/15/01

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

| **FILE NOW: FEE IS $61.25** | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>BRAREN, MICHAEL E<br>9551 BAYMEADOWS ROAD #4<br>JACKSONVILLE FL 32256 | ☒ Delete | PD<br>MARTIN CHAFETZ<br>11651 MAGNOLIA ESTATES Rd.<br>JACKSONVILLE, FL 32223 | ☒ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WALLACE, L D<br>9551 BAYMEADOWS ROAD #4<br>JACKSONVILLE FL 32256 | ☒ Delete | SD<br>STEVEN M. GARBER<br>11691 MAGNOLIA ESTATES Rd<br>JACKSONVILLE, FL 32223 | ☒ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVT<br>FREDENHAGEN, SHARON W<br>9551 BAYMEADOWS ROAD #4<br>JACKSONVILLE FL 32256 | ☒ Delete | TD<br>KIMBERLY C. SHELDON<br>11717 MAGNOLIA ESTATES Rd<br>JACKSONVILLE, FL 32223 | ☒ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>HICE, SHERRY<br>9551 BAYMEADOWS ROAD #4<br>JACKSONVILLE FL 32256 | ☒ Delete | | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change | ☐ Addition |

CR2E037 (10/00)

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.

X **SIGNATURE:** Martin Chafetz FIRED 5/15/01 904-908-2994