2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State
03-06-2002 90056 022 ****61.25

DOCUMENT # N97000000405

1. Entity Name

MAGNOLIA ESTATES OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE FL 32224-9667	4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE FL 32224-9667

000037429

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	Zip: 32223 / Country

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

CHAFETZ, MARTIN
11651 MAGNOLIA ESTATES RD
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

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

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	PD CHAFETZ, MARTIN 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE FL 32224-9667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHAFETZ, MARTIN 11651 MAGNOLIA ESTATES RD JACKSONVILLE, FL 32223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GARBER, STEVEN M 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE FL 32224-9667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEMMON, BETTY 11737 MAGNOLIA ESTATES RD JACKSONVILLE, FL 32223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHELDON, KIMBERLY C 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE FL 32224-9667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHELDON, KIMBERLY C 11717 MAGNOLIA ESTATES RD JACKSONVILLE, FL 32223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Martin Chafetz Martin Chafetz 2/17/02 908-2994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #