

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000405

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** MAGNOLIA ESTATES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11651 MAGNOLIA ESTATES RD  
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

**Current Mailing Address:**

11651 MAGNOLIA ESTATES RD  
JACKSONVILLE, FL 32223 US

**New Mailing Address:**

**FEI Number:** 59-3515210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAFETZ, MARTIN  
11651 MAGNOLIA ESTATES RD  
JACKSONVILLE, FL 32223 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: TD ( ) Delete  
Name: CHAFETZ, MARTIN  
Address: 11651 MAGNOLIA ESTATES RD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: PD ( ) Delete  
Name: BEAMAN, ALERICK  
Address: 11709 MAGNOLIA ESTATES RD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD ( ) Delete  
Name: SILLIMAN, JACK  
Address: 11737 MAGNOLIA ESTATES R  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PD (X) Change ( ) Addition  
Name: SILLIMAN, JACK  
Address: 11737 MAGNOLIA ESTATES R  
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD (X) Change ( ) Addition  
Name: AMUNDSEN, MARGIE  
Address: 11675 MAGNOLIA ESTATES R  
City-St-Zip: JACKSONVILLE, FL 32223

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: MARTIN CHAFETZ

TD

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date