

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