## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9700000405

Entity Name

## MAGNOLIA ESTATES OWNERS ASSOCIATION, INC.



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90098 018 \*\*\*\*61.25

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Principal Place of Business 11651 MAGNOLIA ESTATES RD JACKSONVILLE FL 32223 US			Mailing Address 11651 MAGNOLIA ESTATES RD JACKSONVILLE FL 32223 US				1 1881//81 810 10	HI H <b>ar</b> i <b>Ar</b> ii <b>Ar</b> iii <b>Ar</b> iii <b>Ar</b> ii <b>Ar</b> ii	il 88201 2011 A101	BEION PHU HODI	
2. Principal F	Place of Business		3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			· magain and Area.	4, FEI Number 59-3515210 Applied For Not Applicable				<u>.</u>
Ziβ' Country			Zip	Zip Country			5. Certificate of Status Desired				
	6. Name and	Address of Current F	egistered Agent				7. Name and Address of New Registered Agent				
					Name				<del>v</del>		Į
CHAFETZ, MARTIN 11651 MAGNOLIA ESTATES RD JACKSONVILLE FL 32223					Street A	ddress (f	P.O. Box Number is I	Not Acceptable)			
JACKSOI	WILL I L JEZA	.0			City				FL Zip C	ode	1
8. The above	named entity su	bmits this statement for	the purpose of changing	its registere	L ed office or	registere	ed agent, or both, in	the State of Florida I	am familiar wit	h, and accept	!
	tions of registered		the purpose of changing	i ito rogiotore	od omeo or	rogistore	co agom, or bom, m	the state of Florida.	an rammar tri	m, and dooopt	
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SIGNATURE .	Clanatura broad or pr	inted name of registered agent a	nd fitte if equipment (	NOTE: Pogietoro	d Apont aigests	ura raquirad	when reinstating)	DA	TE .	<del></del>	
			to the repplication (		a rigorit signor		Thomson occurg)				
i	FILE NOW: F	EE IS \$61.25	9. Election of Trust Fun	Campaign F id Contributi			\$5.00 May Be Added to Fees	Make Ch Florida De	eck Payabl partment o		
10.	<del> </del>	OFFICERS AND DIR	ECTORS	11.		F	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS	IN 10	
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NAME	CHAFETZ, MA	ARTIN	- Delete	NAMI		CHP	ELDON KIN	UBERLY C	a e	7	Š
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NAME ~	LEMMON, BE	]   Y	A CONTRACTOR OF THE PARTY	NAM		BEAL	MAN KICI	LETA ESPATE	5- 1CD= -		Ξ.
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STREET ADDRESS	11717 MAGN	OLIA ESTATES RD		STRE	ET ADDRESS	1165	SI MAGNO	UNA ESTATE	12		
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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:

UIRED 1/19/03 908-2994