


FILE NOW: FILING FEE IS \$61.25

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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003294 (2)
1. Corporation Name
MAGNOLIA WOODS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 1085 COTTONWOOD CT. APOPKA FL 32712	Mailing Address 1085 COTTONWOOD CT. APOPKA FL 32712
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3. Date Incorporated or Qualified
06/05/1997

4. FEI Number 59-3460202	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**O'NEILL, JOHN L
1085 COTTONWOOD CT.
APOPKA FL 32712**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROUX, C. ROBERT	1.2 NAME	JOAN O ROBINSON
STREET ADDRESS	1088 OLD SOUTH LANE	1.3 STREET ADDRESS	PO77 Cottonwood Ct
CITY-ST-ZIP	APOPKA FL 32712	1.4 CITY-ST-ZIP	Apopka FL (Mailing PO Box 133 Plymouth FL 32768)
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, F. ALBERT	2.2 NAME	
STREET ADDRESS	1089 COTTONWOOD CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, JOHN L	3.2 NAME	
STREET ADDRESS	1085 COTTONWOOD CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANT, ROBERT S	4.2 NAME	
STREET ADDRESS	1043 SWEET TREE CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDDLE, KENNETH	5.2 NAME	
STREET ADDRESS	1085 COTTONWOOD CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MABRAY, BENJAMIN	6.2 NAME	
STREET ADDRESS	1085 COTTONWOOD CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joan O Robinson* | **JOAN O ROBINSON 3/30/98 407-886-2644**

CF2E037 (10/97)