

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000003294

1. Entity Name

**MAGNOLIA WOODS HOMEOWNERS' ASSOCIATION,
INC.**



Principal Place of Business

**1030 WOODCRAFT DR
APOPKA, FL 32712**

Mailing Address

**P.O. BOX 1132
PLYMOUTH, FL 32768**



01032006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3460202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAPONE, LEONARD
1030 WOODCRAFT DR
APOPKA, FL 32712**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Leonard Sapone

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SAPONE, LEONARD
STREET ADDRESS 1030 WOODCRAFT DR
CITY-ST-ZIP APOPKA, FL 32712

TITLE SD
NAME HOWELL, THELMA
STREET ADDRESS 1069 COTTONWOOD CT.
CITY-ST-ZIP APOPKA, FL 32712

TITLE TD
NAME RICHARDS, LILLA
STREET ADDRESS 1041 OLD SOUTH LN
CITY-ST-ZIP APOPKA, FL 32712

TITLE D
NAME STARN, CHARLES
STREET ADDRESS 1014 WOODCRAFT DR
CITY-ST-ZIP APOPKA, FL 32712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000385169
01/18/06-80005-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Leonard Sapone **Leonard Sapone**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-06
Date

407-884-8132
Daytime Phone #