2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008
Secretary of State

DOCUMENT# N97000003294

Entity Name: MAGNOLIA WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1030 WOODCRAFT DR
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1132
PLYMOUTH, FL 32768

New Mailing Address:

FEI Number: 59-3460202 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAPONE, LEONARD
1030 WOODCRAFT DR
APOPKA, FL 32712 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: PD ( ) Delete
Name: SAPONE, LEONARD
Address: 1030 WOODCRAFT DR
City-St-Zip: APOPKA, FL 32712

Title: SD ( ) Delete
Name: HOWELL, THELMA
Address: 1069 COTTONWOOD CT.
City-St-Zip: APOPKA, FL 32712

Title: TD ( ) Delete
Name: RICHARDS, LILLA
Address: 1041 OLD SOUTH LN
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: STARN, CHARLES
Address: 1014 WOODCRAFT DR
City-St-Zip: APOPKA, FL 32712

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: GREENAWAY, ANN
Address: 1075 SWEET TREE CT
City-St-Zip: APOPKA, FL 32712

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

Title: D (X) Change ( ) Addition
Name: FORD, MICHAEL
Address: 2128 OLD SOUTH LN
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Change (X) Addition
Name: GREENAWAY, ADAM
Address: 1075 SWEET TREE CT
City-St-Zip: APOPKA, FL 32712

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: LEONARD SAPONE PD 03/27/2008

Electronic Signature of Signing Officer or Director — Date