

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003294

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** MAGNOLIA WOODS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1030 WOODCRAFT DR  
APOPKA, FL 32712

**New Principal Place of Business:**

1076 SWEET TREE CT  
APOPKA, FL 32712

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SAPONE, LEONARD  
1030 WOODCRAFT DR  
APOPKA, FL 32712      US

**Name and Address of New Registered Agent:**

MAGUIRE, MICHAEL  
1076 SWEET TREE CT  
APOPKA, FL 32712      US

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: MICHAEL D. MAGUIRE

05/01/2009

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: GREENAWAY, ANN  
Address: 1075 SWEET TREE 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: FORD, MICHAEL  
Address: 2128 OLD SOUTH LN  
City-St-Zip: APOPKA, FL 32712

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: MAGUIRE, MICHAEL  
Address: 1076 SWEET TREE CT  
City-St-Zip: APOPKA, FL 32712

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

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

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

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

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: MICHAEL D. MAGUIRE

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date