

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90176 045 \*\*\*\*61.25

**DOCUMENT # N97000003294**

1. Entity Name

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



Principal Place of Business

**1085 COTTONWOOD CT.  
APOPKA FL 32712**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3460202**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, JOAN O	
STREET ADDRESS	1077 COTTON WOOD CT.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FAIRWEATHER, ROBERT	
STREET ADDRESS	1074 OLD SOUTH LANE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DEWITT, FREDRICK	
STREET ADDRESS	1073 OLD SOUTH LANE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CHERMSIDE, JEANNETTE	
STREET ADDRESS	1078 COTTONWOOD CT.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAIGWELL, HORTENSIA	
STREET ADDRESS	1033 OLD SOUTH LANE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT HOBSTETTER	
STREET ADDRESS	1049 OLD SOUTH LANE	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALLY MADRAY	
STREET ADDRESS	1053 COTTONWOOD CT.	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALAN WRZESNEN	
STREET ADDRESS	1021 SWEET TREE CT.	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT BARNES	
STREET ADDRESS	2024 OLD SOUTH LANE	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**SIGNATURE REQUIRED**

4/29/03

407-509-5448

CR2E037 (10/02)