


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90038 028 ****61.25

DOCUMENT # N97000006027	
1. Entity Name MAGNOLIA LAKES DEVELOPMENT HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business PO BOX 361012 MELBOURNE, FL 32936-1012	Mailing Address PO BOX 361012 MELBOURNE, FL 32936-1012
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2. Principal Place of Business - No P.O. Box # 1127 WHITE OAK CIRCLE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MELBOURNE, FL	City & State
Zip 32934	Country



03172007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3484920	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LACLAIR, BILLIE J 1145 WHITE OAK CIR MELBOURNE, FL 32934	7. Name and Address of New Registered Agent Name ROSE, CHARLOTTE Street Address (P.O. Box Number is Not Acceptable) 1127 WHITE OAK CIRCLE City MELBOURNE FL Zip Code 32934
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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.

PRESIDENT

SIGNATURE: *Charlotte Rose* ROSE, CHARLOTTE MAR 17, 2007
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	P LACLAIR, BILLIE J 1145 WHITE OAK CIR MELBOURNE, FL 32934 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSE, CHARLOTTE 1127 WHITE OAK CIRCLE MELBOURNE, FL 32934 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOWLREAU, RICHARD 1113 WHITE OAK CIR MELBOURNE, FL 32934 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOUDREAU, RICHARD 1113 WHITE OAK CIRCLE MELBOURNE, FL 32934 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOERNER, BRUCE I 1213 WHITE OAK CIR MELBOURNE, FL 32934 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WOERNER, BRUCE 1213 WHITE OAK CIRCLE MELBOURNE, FL 32934 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSE, CHARLOTTE 1127 WHITE OAK CIR MELBOURNE, FL 32934 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FIORIELLO, NICHOLAS 1173 WHITE OAK CIRCLE MELBOURNE, FL 32934 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGGS, ERICKA 1131 WHITE OAK CIRCLE MELBOURNE, FL 32934 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REBER, MELISSA 4605 RAOFORD LANE MELBOURNE, FL 32934 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, BILL 1111 WHITE OAK CIRCLE MELBOURNE, FL 32934 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O COTELLESE, STEVEN 1176 WHITE OAK CIRCLE MELBOURNE, FL 32934 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Charlotte Rose* ROSE, CHARLOTTE MAR 17, 2007 321-752-7879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #