2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006027

FILED Jan 30, 2009 Secretary of State

Entity Name: MAGNOLIA LAKES DEVELOPMENT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1127 WHITE OAK CIRCLE MELBOURNE, FL 329361012 **Current Mailing Address: New Mailing Address:** 645 CLASSIC CT. PO BOX 361012 STE. 104 MELBOURNE, FL 329361012 MELBOURNE, FL 32940 US FEI Number: 59-3484920 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSE, CHARLOTTE 1127 WHITE OAK CIRCLE MELBOURNE, FL 32934 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROSE, CHARLOTTE Name: Name: 1127 WHITE OAK CIRCLE Address: Address: City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: Title: () Delete Title: () Change () Addition HARTSHORNE, PETER Name: Name: Address: 1163 WHITE OAK CIRCLE Address: City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: Title: TSEC () Delete Title: SEC (X) Change () Addition REEDER, GARY COOK, BILL Name: Name: Address: 4605 RADFORD LANE Address: 1111 WHITE OAK CIR. City-St-Zip: MELBOURNE, FL 32934 US MELBOURNE, FL 32934 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: PHILLIPS, JODY Name: PHILLIPS, JODY 1265 WHITE OAK CIRCLE 1265 WHITE OAK CIRCLE Address: Address: MELBOURNE, FL 32934 City-St-Zip: City-St-Zip: MELBOURNE, FL 32934 TREA Title: () Delete Title: (X) Change () Addition COOK, BILL Name: Name: UNGERER, CAROL 1111 WHITE OAK CIRCLE 1121 WHITE OAK CIRCLE Address: Address: MELBOURNE, FL 32934 City-St-Zip: City-St-Zip: MELBOURNE, FL 32934 US

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: CAROL UNGERER TREA 01/30/2009