

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006667

FILED  
Apr 05, 2010  
Secretary of State

**Entity Name:** MAGNOLIA POINTE MASTER HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ATTWOOD-PHILLIPS INC  
385 DOUGLAS AVENUE STE. 3000  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

C/O CAM OF LAKE COUNTY INC  
700 ALMOND STREET  
CLERMONT, FL 34711 US

**Current Mailing Address:**

C/O ATTWOOD-PHILLIPS INC  
385 DOUGLAS AVENUE STE. 3000  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

C/O CAM OF LAKE COUNTY INC  
PO BOX 1512  
MINNEOLA, FL 34755 US

**FEI Number:** 59-3524041

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRET JONES PA  
700 ALMOND STREET  
CLERMONT, FL 34711 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: D  
Name: DEMERS, MELVIN  
Address: 17352 PROMENADE DR.  
City-St-Zip: CLERMONT, FL 34711

Title: D  
Name: WALLACE, JACK  
Address: 17310 PROMENADE DR  
City-St-Zip: CLERMONT, FL 34711

Title: P  
Name: ELLIS, DAVID  
Address: 12850 MAGNOLIA POINTE BLVD  
City-St-Zip: CLERMONT, FL 34711

Title: S  
Name: OUSLEY, JOE  
Address: 17421 SUMMER OAK LN  
City-St-Zip: CLERMONT, FL 34711

Title: T  
Name: BROWNLEE, TOM  
Address: 13124 SUMMERLAKE WAY  
City-St-Zip: CLERMONT, FL 34711

Title: V  
Name: PAGANO, NICK  
Address: 17353 CHATEAU PINE WAY  
City-St-Zip: CLERMONT, FL 34711

I hereby 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 all other like empowered.

SIGNATURE: DAVID ELLIS

P

04/05/2010

Electronic Signature of Signing Officer or Director

Date