

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006798

FILED
Mar 30, 2009
Secretary of State

Entity Name: MAGNOLIA PARKE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3951 NW 48TH TERRACE
SUITE 307
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

695 JACKSON CT.
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 59-3501505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYES, PATRICE ESQ.
408 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32606 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: PD () Delete
Name: DENNEY, CLIFFORD W
Address: 655 KENWOOD CT.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: STD () Delete
Name: DENNEY, FLOYD C JR.
Address: 695 JACKSON CT
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: DENNEY, FLOYD C SR.
Address: 695 JACKSON CT
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: DENNEY, FRANCES J
Address: 695 JACKSON CT
City-St-Zip: SATELLITE BEACH, FL 3

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CLIFFORD W. DENNEY

PRES

03/30/2009

Electronic Signature of Signing Officer or Director

Date