2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90230 038 ****61.25

DOCUMENT # N97000007013

1. Entity Name

MAGNOLIA POINTE CUSTOM HOMEOWNERS' ASSOCIATION,

Principal Place of Business	Mailing Address
12543 MAGNOLIA COVE COURT CLERMONT FL 34711	12543 MAGNOLIA COVE COURT CLERMONT FL 34711-8134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
444 W. New England Ave	444 W. New England Ave.
Suite, Apt. #, etc. B	Suite, Apt. #, etc. B
City & State Winter Park FL	City & State Winter Park FL
Zip 32789 Country USA	Zip 32789 Country USA

4. FEI Number 59-3524043 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOBAN, TIMOTHY P 220 WEST ALFRED STREET TAVARES FL 32778	Name: Andrea Brackin Street Address (P.O. Box Number is Not Acceptable): 444 W. New England Ave. Suite B City: Winter Park FL Zip Code: 32789

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.

SIGNATURE: Andrea L. Brackin Andrea Brackin 4/28/00
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DECKER, JOHN 12543 MAGNOLIA COVE COURT CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD DECKER, DANIEL J 12543 MAGNOLIA COVE COURT CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DECKER, JIM 12543 MAGNOLIA COVE COURT CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/99)

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: Andrea Brackin (AGENT) 4/28/00 407-647-2622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #