2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006
Secretary of State

DOCUMENT# N97000007013

Entity Name: MAGNOLIA POINTE CUSTOM HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. S.R. 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W. S.R. 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3524043 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT INC
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 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:	VPD	(X) Delete
Name:	HIMELBERGER, MARK	
Address:	13113 SUMMERLAKE WAY	
City-St-Zip:	CLERMONT, FL 34711	
Title:	PD	( ) Delete
Name:	COLE, JOHN	
Address:	17413 TAILFEATHER CT	
City-St-Zip:	CLERMONT, FL 34711	
Title:	SD	( ) Delete
Name:	AMCHER, CARY	
Address:	13036 SUMMERLAKE WAY	
City-St-Zip:	CLERMONT, FL 34711	
Title:	TD	( ) Delete
Name:	LEBARRON, JUANITA	
Address:	13230 WOODSEDGE WAY	
City-St-Zip:	CLERMONT, FL 34711	
Title:	D	( ) Delete
Name:	CARLSON, STEVE	
Address:	17417 MAGNOLIA VIEW DR	
City-St-Zip:	CLERMONT, FL 34711	
Title:	D	( ) Delete
Name:	MERCURIO, JOSEPH	
Address:	13132 SUMMERLAKE WAY	
City-St-Zip:	CLERMONT, FL 34711	

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:	TD	(X) Change ( ) Addition
Name:	FEO, DAVID	
Address:	17426 TAILFEATHER CT	
City-St-Zip:	CLERMONT, FL 34711	
Title:	VPD	(X) Change ( ) Addition
Name:	CARLSON, STEVE	
Address:	17417 MAGNOLIA VIEW DR	
City-St-Zip:	CLERMONT, FL 34711	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN COLE PD 04/06/2006
Electronic Signature of Signing Officer or Director — Date