

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007013

FILED
Apr 11, 2007
Secretary of State

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: 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: FEO, DAVID
Address: 17426 TAILFEATHER CT
City-St-Zip: CLERMONT, FL 34711

Title: VPD () 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: VPD (X) Change () Addition
Name: COLE, JOHN
Address: 17413 TAILFEATHER CT
City-St-Zip: CLERMONT, FL 34711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: FEO, DAVID
Address: 17426 TAILFEATHER CT
City-St-Zip: CLERMONT, FL 34711

Title: TD (X) Change () Addition
Name: HARRIS, JOHN
Address: 13236 WOODSEdge WAY
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Change () Addition
Name: NETO, SIMONE
Address: 17318 AUTUMN PINES CT
City-St-Zip: CLERMONT, FL 34711

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: DAVID FEO

PD

04/11/2007

Electronic Signature of Signing Officer or Director

Date