

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007013

FILED
Mar 26, 2009
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: TD (X) Delete
Name: COLE, JOHN
Address: 17413 TAILFEATHER CT
City-St-Zip: CLERMONT, FL 34711

Title: PD () Delete
Name: BROWNLEE, TOM
Address: 13124 SUMMERLAKE WAY
City-St-Zip: CLERMONT, FL 34711

Title: VPD () Delete
Name: RAHMAN, ROBYN
Address: 13327 WHISPER BAY DR
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: HARRIS, SCOTT
Address: 13345 WHISPER BAY DR
City-St-Zip: CLERMONT, FL 34711

Title: SD () Delete
Name: NETO, SIMONE
Address: 17318 AUTUMN PINES CT
City-St-Zip: CLERMONT, FL 34711

Title: () Delete
Name:
Address:
City-St-Zip:

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

Title: D (X) Change () Addition
Name: LAUTERBACH, TIM
Address: 17312 SUMMER SUN CT
City-St-Zip: CLERMONT, FL 34711

Title: D () Change (X) Addition
Name: AMCHER, CARY
Address: 13036 SUMMERLAKE WAY
City-St-Zip: CLERMONT, FL 34711

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: TOM BROWNLEE

PD

03/26/2009

Electronic Signature of Signing Officer or Director

Date