2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90156 044 ****61.25

DOCUMENT # N97000007013

1. Entity Name

MAGNOLIA POINTE CUSTOM HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 W. S.R. 434 SUITE 5000 LONGWOOD FL 32779-5044	2180 W. S.R. 434 SUITE 5000 LONGWOOD FL 32779-5044

10086757

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

HART, JR., JAMES W
C/O SENTRY MANAGEMENT INC
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PENDLEY, STEVE 13027 HIDDEN BEACH WAY CLERMONT FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Mark Himelberger 13113 Summerlake Way Clermont, Fl. 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RIVERA, DOLORES 13001 SUMMERLAKE WAY CLERMONT FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Scott Cornwall 17408 Tailfeather Ct. Clermont, Fl. 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOTTEMS, MICHAEL 17406 MAGNOLIA VIEW DRIVE CLERMONT FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Gil Mills 13044 Summerlake Way Clermont, Fl. 34711	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DANIELS, NICOLE 17321 SUMMER OAK LANE CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUCKMAN, BETH E 13148 SUMMERLAKE WAY CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Don Schmitz 17400 Magnolia View Dr. Clermont, Fl. 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Mark Himelberger REQUIRED Mark Himelberger 4-9-03

ATTACHMENT

10086757

OFFICERS AND DIRECTORS N97000007013

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Shelly Norman 13225 Whisper Bay Dr. Clermont, Fl. 34711	CHANGE ADD DELETE
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