## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 07, 2008 8:00 am Secretary of State

04-07-2008 90038 049 \*\*\*\*61.25

DOCUMENT # N98000000	UJJb	
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1. Entity Name

MAGNOLIA POINTE LAKEFRONT HOMEOWNERS' ASSOCIATION, INC.



Principal Place 2180 WEST S SUITE 5000 LONGWOOD,		Mailing Add 2180 WES SUITE 500 LONGWOO	T SR 434	5044		-				
Principal Place of Business - No P.O. Box # 3. Mai			Mailing Address							
Suite, Apt. #, etc. St			Suite, Apt. #, etc.			03112008	Chg-NP	CR2E037	7 (12/06)	
City & State			City & State			4. FEI Numbe 59-352	4039		<u> </u>	pplied For of Applicable
Zip Country Z		Zip	Zip Country			5. Certificate of Status Desired				
	6. Name and Address of Current	Registered Age	ent :			7. Name and	Address of New	Registered A	gent	
	-			Name						-
HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000			Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
	OD, FL 32779-5044									
	,			City				FL	Zip Code	e
	named entity submits this statement fi ions of registered agent.	or the purpose o	changing its re	egistered office or	registere	ed agent, or bot	th, in the State of	Florida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	I and little if applicable.	(NQTE: F	Registered Agent signatu	ne required	when reinstating)		DATE		<del></del>
l										
	Filing Fee is \$61.25 Due by May 1, 2008	9.	Election Camp Trust Fund Co			\$5.00 May B Added to Fees	, e	Make check orida Departi		
10.	•					\$5.00 May B Added to Fees	, e	orida Departi	ment of St	tate
10.	Due by May 1, 2008	RECTORS	Trust Fund Co	ntribution.		\$5.00 May B Added to Fees	FI	orida Departi CERS AND DIR	ment of St	tate
·	Due by May 1, 2008 OFFICERS AND D	RECTORS		ntribution.	D P	\$5.00 May B Added to Fees	FI	orida Departi CERS AND DIR	ment of SI	tate
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12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained 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 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.

TITLE

NAME

STREET ADDRESS

CITY-S1-ZIP

SIGNATURE:

CIARAMITARO, PAUL

CLERMONT, FL 34711

12927 MAGNOLIA POINTE BLVD

TITLE

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

Addition