2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002093

FILED Apr 20, 2004 Secretary of State

Entity Name: MAGNOLIA TERRACE HOMEOWNERS ASSOCIATIONS OF ST. CLOUD, INC. **Current Principal Place of Business: New Principal Place of Business:** 2180 WEST SR 434 SUITE 5000 2180 WEST SR 434 LONGWOOD, FL 327795044 SUITE 500 LONGWOOD, FL 327795044 **Current Mailing Address:** New Mailing Address: 2180 WEST SR 434 SUITE 5000 2180 WEST SR 434 LONGWOOD, FL 327795044 SUITE 5000 LONGWOOD, FL 327795044 FEI Number: 51-0454363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 SUITE 5000 LONGWOOD, FL 327795044 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ROGERS, RICK Name: Name: Address: 7463 CONROY WINDERMERE ROAD, SUITE C Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: VD () Delete Title: (X) Change () Addition Name: ANTHONY, TERRY Name: ANTHONY, TERRY Address: 7463 CONROY WINDERMERE ROAD, SUITE C Address: 7463 CONROY WINDERMERE ROAD, SUITE C City-St-Zip: ORLANDO, FL 32835 City-St-Zip: ORLANDO, FL 32835 Title: () Delete Title: () Change () Addition GODWIN, DWAYNE Name: Name: 7463 CONROY WINDERMERE ROAD, SUITE C Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICK ROGERS PD 04/20/2004