

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 NOV 22 PM 2:31

DOCUMENT # N98000002093
 1. Entity Name
 Magnolia Terrace H.O.A. of St. Cloud, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business AMB		3. Mailing Address AMB	
Suite, Apt. #, etc. 101 Park Place Blvd., Ste. 2		Suite, Apt. #, etc. 101 Park Place Blvd., Ste. 2	
City & State Kissimmee, FL		City & State Kissimmee, FL	
Zip 34741	Country USA	Zip 34741	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0454363	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name AMB

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

101 Park Place Blvd., Ste. 2

City Kissimmee FL Zip Code 34741

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.

SIGNATURE Koslie Hudson DATE 9-12-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Adolfo Lopez 2210 Julianna Court St. Cloud, FL 34769	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200061622812 11/22/05--01042--001 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Peter Ramirez 2206 Julianna Court St. Cloud, FL 34769	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Gynoviz Hernandez 2204 Julianna Court St. Cloud, FL 34769	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

Gynoviz Hernandez