

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000761

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: SWEET MAGNOLIA PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8648 SWEET MAGNOLIA PLACE  
SEMINOLE, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

8648 SWEET MAGNOLIA PLACE  
SEMINOLE, FL 33777

**New Mailing Address:**

FEI Number: 59-3559381

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOLDSTEIN, JOE  
8648 SWEET MAGNOLIA PLACE  
SEMINOLE, FL 33777 US

**Name and Address of New Registered Agent:**

GOLDSTEIN, JOE  
8630 SWEET MAGNOLIA PLACE  
SEMINOLE, FL 33777 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

04/14/2009

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: SHAW, GEORGE  
Address: 8574 SWEET MAGNOLIA  
City-St-Zip: SEMINOLE, FL 33777

Title: VPD ( ) Delete  
Name: SIMPSON, CAROL  
Address: 8542 SWEET MAGNOLIA  
City-St-Zip: SEMINOLE, FL 33777

Title: TRE ( ) Delete  
Name: GOLDSTEIN, JOE  
Address: 8630 SWEET MAGNOLIA PLACE  
City-St-Zip: SEMINOLE, FL 33777

Title: S ( ) Delete  
Name: STANARD, VALARIE  
Address: 8578 SWEET MAGNOLIA  
City-St-Zip: SEMINOLE, FL 33777

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: DEI, BARBARA  
Address: 8622 SWEET MAGNOLIA  
City-St-Zip: SEMINOLE, FL 33777

Title: VPD (X) Change ( ) Addition  
Name: STAR, KAREN  
Address: 8540 SWEET MAGNOLIA  
City-St-Zip: SEMINOLE, FL 33777

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOE GOLDSTEIN

Electronic Signature of Signing Officer or Director

TRE

04/14/2009

Date