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

DOCUMENT # N99000001274

1. Entity Name
Magnolia Chase Homeowners Association Inc

FILED
02 MAY 31 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business	3. Mailing Address
2235 Chesterfield Cir.	P.O. Box 6501
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland Fl.	City & State: Lakeland Fl.
Zip: 33813 Country: USA	Zip: 33807-6501 Country: USA

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4. FEI Number: 59-3626820 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Edward W. Williams

Street Address (P.O. Box Number is Not Acceptable): 2235 Chesterfield Cir

City: Lakeland, Fl **FL** Zip Code: 33807-6501

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: Edward W. Williams Edward W. Williams President. 5/23/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			
TITLE	President.	TITLE	
NAME	Edward W. Williams	NAME	
STREET ADDRESS	2235 Chesterfield Cir	STREET ADDRESS	
CITY-ST-ZIP	Lakeland, Fl. 33813.	CITY-ST-ZIP	
TITLE	V. President	TITLE	
NAME	Ben Arce	NAME	
STREET ADDRESS	2361 Chesterfield Cir	STREET ADDRESS	
CITY-ST-ZIP	Lakeland Fl. 33813	CITY-ST-ZIP	
TITLE	Tres.	TITLE	
NAME	Carrie Howell.	NAME	
STREET ADDRESS	2355 Chesterfield Cir.	STREET ADDRESS	
CITY-ST-ZIP	Lakeland Fl. 33813	CITY-ST-ZIP	
TITLE	Sect.	TITLE	
NAME	Sarah Blanco.	NAME	
STREET ADDRESS	2223 Chesterfield Cir	STREET ADDRESS	
CITY-ST-ZIP	Lakeland Fl 33813	CITY-ST-ZIP	
TITLE	Director.	TITLE	
NAME	Charles Grubbs	NAME	
STREET ADDRESS	2316 Chesterfield Cir	STREET ADDRESS	
CITY-ST-ZIP	Lakeland Fl. 33813.	CITY-ST-ZIP	
TITLE	Director.	TITLE	
NAME	Julie Moore	NAME	
STREET ADDRESS	2373 Chesterfield Cir.	STREET ADDRESS	
CITY-ST-ZIP	Lakeland, Fl. 33813.	CITY-ST-ZIP	

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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.

SIGNATURE: Edward W. Williams Edward W. Williams 5/22/02 863 660-5192.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #