2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000001274

1. Entity Name
MAGNOLIA CHASE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2235 CHESTERFIELD CIR LAKELAND, FL 33813	PO BOX 6501 LAKELAND, FL 33807-6501

01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

WILLIAMS, EDWARD W
2235 CHESTERFIELD CIR
LAKELAND, FL 33807-6501

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Edward Williams Ed W. Williams 1/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIAMS, EDWARD
STREET ADDRESS	2235 CHESTERFIELD CIR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	RICE, BEN
STREET ADDRESS	2361 CHESTERFIELD CIR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	P
NAME	DOCKERY, KEN
STREET ADDRESS	2277 CHESTERFIELD CIR.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	VP
NAME	SOSTRE, SAM
STREET ADDRESS	2250 CHESTERFIELD CIR.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	T
NAME	HARRIS, MIKE
STREET ADDRESS	2370 CHESTERFIELD CIR.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	S
NAME	LOVE, SUZANNE
STREET ADDRESS	2280 CHESTERFIELD CIR.
CITY-ST-ZIP	LAKELAND, FL 33813

H00000181460
01/14/05-80049-013 61.25

DO NOT WRITE IN THIS SPACE

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward Williams Ed Williams 1/13/05 863-660-5192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #