

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001274

FILED
Mar 21, 2009
Secretary of State

Entity Name: MAGNOLIA CHASE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2235 CHESTERFIELD CIR
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

2203 CHESTERFIELD CIR
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-3626820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, EDWARD W
2235 CHESTERFIELD CIR
LAKELAND, FL 338076501 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: WILLIAMS, EDWARD
Address: 2235 CHESTERFIELD CIR
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: VANDERGRIFT, BILL
Address: 2325 CHESTERFIELD CIR
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: GRUBBS, CHARLES
Address: 2316 CHESTERFIELD CIR
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: RICE, BEN
Address: 2361 CHESTERFIELD CIR.
City-St-Zip: LAKELAND, FL 33813

Title: T () Delete
Name: GREEN, JEFF
Address: 2349 CHESTERFIELD CIR.
City-St-Zip: LAKELAND, FL 33813

Title: VP () Delete
Name: FENLOCK, RICHARD
Address: 2211 CHESTERFIELD CIR
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: EDWARD WILLIAMS

PRES

03/21/2009

Electronic Signature of Signing Officer or Director

Date