2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900001274

1. Entity Name

MAGNOLIA CHASE HOMEOWNERS' ASSOCIATION, INC.



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90162 031 ****61.25

Principal Place of Business		Mailing Address					
2235 CHESTERFIELD CIR LAKELAND FL 33813		PO BOX 6501 Lakeland FL 33807-6501					
				! 	((1 (1)))	IAN ANANA IKANI KARNI BIRI KARN	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 50	-3626820	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
			Name				
WILLIAMS, EDWARD W 2235 CHESTERFIELD CIR			Street Address (P.O. Box Number is Not Acceptable)				
LAKELAND FL 33807-6501							
			City		FL	Zip Code	
9 The above	a gamed entity submits this statement for	r the purpose of changing its re-	ristored office or re	agistered agent or both in		familiar with and accept	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Signature, typed or printed name or registered agent?	and one ii applicable. (NOTE: N	agisteleo Agent signatura	reduired witeri reinstating)	DATE		
THE NOW, FEE IC 661 25 9. Election Campaign Financing \$1					Make Checl	k Payable to	
	FILE NOW: FEE IS \$61.25	Trust Fund Con		\$5.00 May Be Added to Fees		tment of State	
10.	OFFICERS AND DIF	PECTORS	11.	ADDITIONS/CHANGE	ES TO OFFICERS AND DI	RECTORS IN 10	
TITLE	P .	Delete	TITLE	ADDITIONO/CITAING	23 TO OTTICE NO AND DI	☐ Change ☐ Addition	
NAME	WILLIAMS, EDWARD		NAME				
STREET ADDRESS	2235 CHESTERFIELD CIR		STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP		·		
TITLE	VP RICE, BEN	☐ Delete	TITLE			☐ Change ☐ Addition	
NAME STREET ADDRESS	2361 CHESTERFIELD CIR		NAME STREET ADDRESS		•		
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP	magging and only again.		•	
TITLE	Τ .	☐ Delete	TITLE			☐ Change ☐ Addition	
NAME	HOWELL, CARRIE		NAME				
STREET ADDRESS CITY-ST-ZIP	2355 CHESTERFIELD CIR		STREET ADDRESS CITY-ST-ZIP				
TITLE	S LAKELAND FL 33813	Delete		A 11 . O	- 1 - 14 -	Change Addition	
NAME	BLANCO, SARAH	π a π Delete	NAME	Cathy Boi	ntekpe	Onlarige	
STREET ADDRESS	2223 CHESTERFIELD CIR		STREET ADDRESS	2277 (h)	sterfiela	Circle	
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP	Laketan	$d \not= 1$	33813	
TITLE	O COURDS OUADITES	☐ Delete	TITLE		•	☐ Change ☐ Addition	
NAME	GRUBBS, CHARLES	☐ Delete	NAME		•	☐ Change ☐ Addition	
	GRUBBS, CHARLES 2316 CHESTERFIELD CIR	☐ Delete			•		
NAME STREET ADDRESS	GRUBBS, CHARLES		NAME STREET ADDRESS	Sallu II	200		
NAME STREET ADDRESS CITY-ST-ZIP	GRUBBS, CHARLES 2316 CHESTERFIELD CIR LAKELAND FL 33813 D MOORE, JULIE	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Sally H	ood p		
NAME STREET ADDRESS CITY-ST-ZIP	GRUBBS, CHARLES 2316 CHESTERFIELD CIR LAKELAND FL 33813 D		NAME STREET ADDRESS CITY-ST-ZIP TITLE	Sally Ho	ood esterfield dy Fla.		

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:

4/16/03 863-646