2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N99000002495



Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90198 030 ****61.25

FILED

MAGNOLIA PLANTATION HOMEOWNERS' ASSOCIATION, INC.

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Principal Place of Business Mailing Address 135 W. PINEVIEW ST. 135 W. PINEVIEW ST. ALTAMONTE SPRINGS, FL 32714 US ALTAMONTE SPRINGS, FL 32714 US						S					
Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc.				Suite, Apt. ≢, etc.			02022006	Chg-NP	CR2E0	37 (11/05)	
City & State			City	City & State			4. FEI Number 59-3666			<u> </u>	pplied For ot Applicable
Ζτρ			Zip	<u> </u>			5. Certificate of	of Status Desired		\$8.75 Ad Fee Require	
6. Name and Address of Current Registers				d Agent			7. Name and	Address of New	Registered	Agent	
PRESIDENTIAL GROUP SOUTH, INC. 135 W. PINEVIEW ST. ALTAMONTE SPRINGS, FL 32714					Street	Street Address (P.O. Box Number is Not Acceptable)					
		·			City				Fl	Zīp Coc	te l
<u> </u>	<u> </u>										
 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. 											
SIGNATURE		t or printed name of registered agen	t end title if appli	icable. (NOTE	Registered Agent sign	Mare required	d when reinstating)		DATE		
}											
	Filling Fe	e is \$61.25	1	Election Cam	paign Financing		\$5.00 May Be	.	Make chec	k payable t	to d
	Due by k	lay 1, 2006	- 1	Trust Fund C	ontribution.		Added to Fees	Fi		rtment of S	
10.	Due by I	Ray 1, 2006 OFFICERS AND DI	RECTORS		ontribution.			Fi	orida Depa	rtment of S	tate
10.	PD PD		RECTORS	Trust Fund C	11.		Added to Fees	Fi	orida Depa	rtment of S	tate V 10
	PD	OFFICERS AND DI	RECTORS		11.		Added to Fees	Fi	orida Depa	rtment of S	tate
TITLE	PD SHEELER	OFFICERS AND DI		Trust Fund C	11. TITLE NAME	<u> </u>	Added to Fees	Fi	orida Depa	rtment of S	tate V 10
TITLE NAME	PD SHEELER 385 DOU	OFFICERS AND DI R, LARRY GLAS AVE., STE. 2000	0	Trust Fund C	11. TITLE NAME STREET ADDRESS	<u> </u>	Added to Fees	Fi	orida Depa	rtment of S	tate V 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEELEF 385 DOU ALTAMOI	OFFICERS AND DI	0	Trust Fund C	11. ITILE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	Added to Fees	Fi	orida Depa	RECTORS II	itate N 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 of 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:

Trisident SEGMATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1/13/06

407 682.3355 Daytime Phone #