

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002495

FILED
Apr 25, 2008
Secretary of State

Entity Name: MAGNOLIA PLANTATION HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-3666766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

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: JAMES W HART JR

04/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SUMMER, BRUCE
Address: 1412 PINE STREAM CT
City-St-Zip: LAKE MARY, FL 32746 US

Title: SD () Delete
Name: WILLIAMS, BRIAN
Address: 1464 FOXTAIL CT
City-St-Zip: LAKE MARY, FL 32746 US

Title: PD () Delete
Name: WALTHER, PAUL
Address: 1399 FOXTAIL CT
City-St-Zip: LAKE MARY, FL 32746

Title: VD () Delete
Name: DONNELLY, TOM
Address: 1753 REDWOOD GROVE TERR
City-St-Zip: LAKE MARY, FL 32746

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: SUMMERS, BRUCE
Address: 1412 PINE STREAM CT
City-St-Zip: LAKE MARY, FL 32746 US

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: D () Change (X) Addition
Name: ALBRECHT, CHRIS
Address: 1435 FOXTAIL CT
City-St-Zip: LAKE MARY, FL 32746

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: PAUL WALTHER

PD

04/25/2008

Electronic Signature of Signing Officer or Director

Date