

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 13, 2005 08:00 AM
Secretary of State**

DOCUMENT # N99000007184

1. Entity Name
**MAGNOLIA PROFESSIONAL CENTER PROPERTY
OWNERS ASSOCIATION, INC.**



Principal Place of Business
**702 S. MAGNOLIA AVE., UNIT 2
OCALA, FL 34474**

Mailing Address
**702 S. MAGNOLIA AVE., UNIT 2
OCALA, FL 34474**



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3639121

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ETHRIDGE, MICHAEL EUGENE
702 S. MAGNOLIA AVE., UNIT 2
OCALA, FL 34470**

**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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/11/05
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 NAME STREET ADDRESS CITY-ST-ZIP | PTD ETHRIDGE, MICHAEL 702 S. MAGNOLIA AVE., UNIT 2 OCALA, FL 34474 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT SALPETER, JENNIFER 702 S. MAGNOLIA AVE., UNIT 1 OCALA, FL 34474 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ETHRIDGE, TRACEY 702 S. MAGNOLIA AVE., UNIT 2 OCALA, FL 34474 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/13/05-80023-017 70.00

**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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/05
Date

352-351-0077
Daytime Phone #