


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90017 032 ****61.25

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 34471			Mailing Address 702 S. MAGNOLIA AVE., UNIT 2 OCALA, FL 34474 34471		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01122008 Chg-NP CR2E037 (12/06)	
City & State Zip 34471 Country		City & State Zip 34471 Country		4. FEI Number 59-3639121	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMS, HERBERT J. 702 S. MAGNOLIA AVE., UNIT 2 OCALA, FL 34470 34471			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WILLIAMS, HERBERT 702 S. MAGNOLIA AVE STE 2 OCALA, FL 34474 34471 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SALPETER, JENNIFER 702 S. MAGNOLIA AVE., UNIT 1 OCALA, FL 34474 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARSON, AMY B 702 S MAGNOLIA AVE STE #1 OCALA, FL 34474 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-13-08 352-629-6000 <small>Date Daytime Phone #</small>		