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

May 01, 2003 8:00 am g Secretary of State DOCUMENT # N9900007640 05-01-2003 90311 009 ****61.25 1. Entity Name MAGNOLIA IN THE PARK HOMEOWERS' ASSOCIATION, INC Principal Place of Business Mailing Address 606 NE 13TH AVE **606 NE 13TH AVE** FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 2. Principal Place of Business Mailing Address 608 Y18 Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0633827 City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name LANG, JEFF Street Address (P.O. Box Number is Not Acceptable) 606 NE 13TH AVE FORT LAUDERDALE FL 33304 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. STEVEN COOK PD Change TITLE Delete TITLE ☐ Addition 610 NE 13 AVE LANG, JEFF NAME NAME STREET ADDRESS STREET ADDRESS 606 NE 13TH AVE Ft. LAUDERDALE, FL 3330+ CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE FL 33304 ☐ Change Addition □ Delete TITLE TITLE RANDALL, JACK NAME NAME STREET ADDRESS STREET ADDRESS 604 NE 13TH AVE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 TITLE Delete TITLE Addition SANDRA L. MILLER LANG, TERRI NAME NAME 608 DE 13 AVE STREET ADDRESS 608 NE 13TH AVE STREET ADDRESS LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 TITLE ☐ Delete TITLE ☐ Addition NAME TIGHE, ED NAME **608 NE 13TH AVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attaching that the information in the repowered.

TITI F

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITI F

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

4 BRA L. MILIEN 4/28/03 9544636601

☐ Change

Addition