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2002 UNIFORM BUS	SINESS KEPU	<u> </u>	T 20 2002 0 00				
DOCUMENT # P950 1. Entity Name (2015) 4.6 (2015)	00004370		Jan 30, 2002 8:00 am Secretary of State				
MAGNOLIA PROPERTY MANAGEN	MENT, INC.			01-30-2002 90154			
Principal Place of Business 3616 MAGNOLIA POINT BLVD. GREEN COVE SPRINGS FL 32043	Mailing Address 3616 MAGNOLIA POINT BI GREEN COVE SPRINGS FI						
2. Principal Place of Business 3626 Shinnecock Lane	3. Mailing Address 3526 Shinne Con	Ic lane		1921/101 110 1910/ Palet Onlin Dátal Onlin an		.8811 B.B.11 1#81	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>		DO NOT WRITE IN TH	S SPACE		
Green Cove Springs FL	Green Gve Spi	ings FL	4.	FEI Number 59-3305445		oplied For ot Applicable	
Zip Country	72ip 32043	Country	5.	Certificate of Status Desired	\$8.75 Add		
6. Name and Address of Curre	nt Registered Agent		7.	Name and Address of New Registere	d Agent		
TAYLOR, DAIL A 100 SOUTH PARK BLVD	• • • •	Street Ad		Box Number is Not Acceptable) 12 West Suite C	ne		
#414							
ST AUGUSTINE FL 32086		Ci čt.	Augu	istine F	L 320	 36	
8. The above named entity submits this statement SIGNATURE Signature, typed or printed name of registered ag	per and title if applicable. (NOTE	Del C	Jay re required when		16/02	22 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
9. This corporation is eligible to satisfy its Intangi Tax filing requirement and elects to do so. (See criteria on back): [See criteria on back] [See criteria on back] [See criteria on back]	After May 1, 200		50.00 of State				
	ND DIRECTORS	12.	Α	DDITIONS/CHANGES TO OFFICERS A			
TITLE PVT NAME STREET ADDRESS 3616 MAGNOLIA POINT BLVD. GREEN COVE SPRINGS FL 32		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3526	Shinnecock lane	Change	Addition	
NAME HUNDT, URSULA STREET ADDRESS GITY-ST-ZIP GREEN COVE SPRINGS FL 32		TITLE NAME STREET ADORESS CITY-ST-ZIP	3526	Shinnecock lane	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS C(TY-ST-ZIP		The state of the s	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	

13. 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 embovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address. With all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

Addition