## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 756650** 

Entity Name: MAGNOLIA RIDGE CONDOMINIUM I ASSOCIATION, INC.

FILED
Mar 10, 2016
Secretary of State
CC4602425863

## **Current Principal Place of Business:**

ASSOCIATION DATA MANAGEMENT 36434 US 19 NORTH PALM HARBOR, FL 34684

## **Current Mailing Address:**

ASSOCIATION DATA MANAGEMENT 36434 US 19 NORTH PALM HARBOR, FL 34684 US

FEI Number: 59-2262428 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ASSOCIATION DATA MANAGEMENT ASSOCIATION DATA MANAGEMENT 36434 US 19 NORTH PALM HARBOR, FL 34684 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: LYNN M. PARRISH 03/10/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VP Title P

Name DUPUIS, RAYMOND L. Name KUDELKA, CARA

Address ASSOCIATION DATA MANAGEMENT Address ASSOCIATION DATA MANAGEMENT

36434 US 19 NORTH 36434 US 19 NORTH

City-State-Zip: PALM HARBOR FL 34684 City-State-Zip: PALM HARBOR FL 34684

 Title
 TREASURER
 Title
 SECRETARY

 Name
 TOMLIN, CURTIS N
 Name
 TAIT, ANITA

Address ASSOCIATION DATA MANAGEMENT Address ASSOCIATION DATA MANAGEMENT

36434 US 19 NORTH 36434 US 19 NORTH

City-State-Zip: PALM HARBOR FL 34684 City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR

Name HIGGINBOTTOM, JAMES

Address ASSOCIATION DATA MANAGEMENT

36434 US 19 NORTH

City-State-Zip: PALM HARBOR FL 34684

I hereby 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 all other like empowered.

SIGNATURE: CARA KUDELKA PRESIDENT 03/10/2016