

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 24, 2014
Secretary of State
CC6050229631

Entity Name: MAGNOLIA POINTE OF SEMINOLE COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1942 W. COUNTY RD. 419
SUITE 1030
OVIEDO, FL 32766

Current Mailing Address:

1942 W. COUNTY RD. 419
SUITE 1030
OVIEDO, FL 32766 US

FEI Number: 20-2814494

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SPECIALISTS, INC.
1942 W. COUNTY RD. 419
SUITE 1030
OVIEDO, FL 32766 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: KEVIN DAVIS

04/24/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name BOUGHTER, TAMARA S
Address 1942 W. COUNTY RD. 419
 SUITE 1030
City-State-Zip: OVIEDO FL 32766

Title VP
Name LINDSTROM, KURT H
Address 1942 W. COUNTY RD. 419
 SUITE 1030
City-State-Zip: OVIEDO FL 32766

Title TREA
Name WONG, SABRINA
Address 1942 W. COUNTY RD. 419
 SUITE 1030
City-State-Zip: OVIEDO FL 32766

Title SEC
Name PIERRE, CURTIS F
Address 1942 W. COUNTY RD. 419
 SUITE 1030
City-State-Zip: OVIEDO FL 32766

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: TAMARA BOUGHTER

PRESIDENT

04/24/2014

Electronic Signature of Signing Officer/Director Detail

Date