

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000010698

Entity Name: MAGNOLIA PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5602 MARQUESAS CIRCLE
#103
SARASOTA, FL 34233

Current Mailing Address:

P.O. BOX 18809
SARASOTA, FL 34276 US

FEI Number: 20-3661890

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUNSTATE ASSOCIATION MANAGEMENT GROUP, INC.
5602 MARQUESAS CIRCLE
#103
SARASOTA, FL 34233 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: MICHELLE S. THIBEAULT

08/14/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name STAPLETON, NORMAN
Address P.O. BOX 18809
City-State-Zip: SARASOTA FL 34276

Title SECRETARY
Name MORETTI, SHARON
Address P.O. BOX 18809
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR
Name NOPPERT, JERRY
Address P.O. BOX 18809
City-State-Zip: SARASOTA FL 34276

Title TREASURER
Name LOERCH, LARRY
Address P.O. BOX 18809
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR
Name EDWARDS, JIM
Address P.O. BOX 18809
City-State-Zip: SARASOTA FL 34276

Title VP
Name GROFF, PAM
Address P.O. BOX 18809
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR
Name SHEPPARD, KAREN
Address P.O. BOX 18809
City-State-Zip: SARASOTA FL 34276

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: NORMAN STAPLETON

PRESIDENT

08/14/2020

Electronic Signature of Signing Officer/Director Detail

Date