

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010698

Entity Name: MAGNOLIA PARK CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 28, 2020
Secretary of State
9220187934CC

Current Principal Place of Business:

LIGHTHOUSE PROPERTY MANAGEMENT
530 US HWY 41 BYPASS S #9B
VENICE, FL 34285

Current Mailing Address:

LIGHTHOUSE PROPERTY MANAGEMENT
530 US HWY 41 BYPASS S #9B
VENICE, FL 34285 US

FEI Number: 20-3661890

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INVERSO, DARREN
INVERSO LAW GROUP
1800 SECOND STREET SUITE 884
SARASOTA, FL 34236 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: DARREN INVERSO

01/28/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name STAPLETON, NORMAN
Address LIGHTHOUSE PROPERTY
 MANAGEMENT
 530 US HWY 41 BYPASS S #9B
City-State-Zip: VENICE FL 34285

Title SECRETARY
Name MORETTI, SHARON
Address LIGHTHOUSE PROPERTY
 MANAGEMENT
 530 US HWY 41 BYPASS S #9B
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name NOPPERT, JERRY
Address LIGHTHOUSE PROPERTY
 MANAGEMENT
 530 US HWY 41 BYPASS S #9B
City-State-Zip: VENICE FL 34285

Title TREASURER
Name LOERCH, LARRY
Address LIGHTHOUSE PROPERTY
 MANAGEMENT
 530 US HWY 41 BYPASS S #9B
City-State-Zip: VENICE FL 34285

Title ASST. SECRETARY
Name MARTIN, LISA
Address LIGHTHOUSE PROPERTY
 MANAGEMENT
 530 US HWY 41 BYPASS S #9B
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name EDWARDS, JIM
Address LIGHTHOUSE PROPERTY
 MANAGEMENT
 530 US HWY 41 BYPASS S #9B
City-State-Zip: VENICE FL 34285

Title VP
Name GROFF, PAM
Address LIGHTHOUSE PROPERTY
 MANAGEMENT
 530 US HWY 41 BYPASS #9B
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name SHEPPARD, KAREN
Address LIGHTHOUSE PROPERTY
 MANAGEMENT
 530 US HWY 41 BYPASS #9B
City-State-Zip: VENICE FL 34285

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: LISA MARTIN

ASST. SECRETARY

01/28/2020

