

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000006695

**FILED**  
**Apr 14, 2015**  
**Secretary of State**  
**CC3400033809**

**Entity Name:** MAGNOLIA PARK ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8529 SOUTH PARK CIRCLE  
SUITE 330  
ORLANDO, FL 32819

**Current Mailing Address:**

8529 SOUTH PARK CIRCLE  
SUITE 330  
ORLANDO, FL 32819 US

**FEI Number: 20-4635951**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RIZZETTA & COMPANY  
3434 COLWELL AVENUE  
SUITE 200  
TAMPA, FL 33614 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name ARDIS, WES  
Address 8529 SOUTH PARK CIRCLE, SUITE 330  
City-State-Zip: ORLANDO FL 32819

Title VP  
Name CONOLLY, JASON  
Address 8529 SOUTH PARK CIRCLE, SUITE 330  
City-State-Zip: ORLANDO FL 32819

Title SECRETARY, TREASURER  
Name HORN, RANDALL  
Address 8529 SOUTH PARK CIRCLE, SUITE 330  
City-State-Zip: ORLANDO FL 32819

*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: WES ARDIS**

**PRESIDENT**

**04/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date