| Entity Name: MAGNOLIA PARKE POD I-2 CONDOMINIUM ASSOCIATION |     |
|---|-----|
| LINKY NAME. MAGNOLIA FARREFOD 1-2 CONDOMINION ASSOCIATION   | ON, |
| INC.  |     |

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**Current Principal Place of Business:** 

5522 NW 43RD STREET SUITE B GAINESVILLE, FL 32653

## **Current Mailing Address:**

5522 NW 43RD STREET SUITE B GAINESVILLE, FL 32653 US

DOCUMENT# N0900002803

### FEI Number: 26-4529572

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## Name and Address of Current Registered Agent:

BOSSHARDT PROPERTY MANAGEMENT, LLC 5522 NW 43RD STREET SUITE B GAINESVILLE, FL 32653 US Certificate of Status Desired: No

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                 | GARRY GRIFFIN                            |                 |                                |  |  |
|---------------------------|--|-----------------|--------------------------------|--|--|
|                           | Electronic Signature of Registered Agent |                 |                                |  |  |
| Officer/Director Detail : |  |                 |                                |  |  |
| Title                     | PRESIDENT                                | Title           | VP                             |  |  |
| Name                      | RYALS, MIKE                              | Name            | ANTHONY, JASON                 |  |  |
| Address                   | 5522 NW 43RD STREET<br>SUITE B           | Address         | 5522 NW 43RD STREET<br>SUITE B |  |  |
| City-State-Zip:           | GAINESVILLE FL 32653                     | City-State-Zip: | GAINESVILLE FL 32653           |  |  |
| Title                     | SECRETARY-TREASURER                      |                 |                                |  |  |
| Name                      | HOMER, GARY                              |                 |                                |  |  |
| Address                   | 5522 NW 43RD STREET<br>SUITE B           |                 |                                |  |  |
| City-State-Zip:           | GAINESVILLE FL 32653                     |                 |                                |  |  |

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: MIKE RYALS

PRESIDENT

03/25/2019 Date

03/25/2019 Date

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 25, 2019 Secretary of State 0022468756CC