# Electronic Signature of Signing Officer/Director Detail

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000011803

Entity Name: MAGNOLIA VILLAGE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:** 

2045 FOUNTAIN PROFESSIONAL CT SUITE A NAVARRE, FL 32566

## **Current Mailing Address:**

2045 FOUNTAIN PROFESSIONAL CT SUITE A NAVARRE, FL 32566

#### FEI Number: 46-1632329

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

FOUNTAIN, KENNETH R 2045 FOUNTAIN PROFESSIONAL CT SUITE A NAVARRE, FL 32566 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

#### **Officer/Director Detail :**

Title	DIRECTOR	Title	DIRECTOR
Name	OLSON, FORREST	Name	ELKINS, JOHN JR.
Address	1836 LINDSEY MAGNOLIA CT	Address	1844 LINDSEY MAGNOLIA CT
City-State-Zip:	NAVARRE FL 32566	City-State-Zip:	NAVARRE FL 32566
Title	SEC/TREAS	Title	DECLARANT
Title Name	SEC/TREAS SMITH, ZACH	Title Name	DECLARANT FOUNTAIN, BETTY
Name	SMITH, ZACH 1839 LINDSEY MAGNOLIA CT	Name	FOUNTAIN, BETTY

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.

DECLARANT

## SIGNATURE: BETTY FOUNTAIN

# FILED Apr 27, 2022 Secretary of State 0963584913CC

Certificate of Status Desired: No

Date

04/27/2022

Date