

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000011803

**Entity Name:** MAGNOLIA VILLAGE OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 24, 2023**  
**Secretary of State**  
**0043974960CC**

**Current Principal Place of Business:**

2045 FOUNTAIN PROFESSIONAL CT  
SUITE B  
NAVARRE, FL 32566

**Current Mailing Address:**

2045 FOUNTAIN PROFESSIONAL CT  
SUITE B  
NAVARRE, FL 32566 US

**FEI Number: 46-1632329**

**Certificate of Status Desired: No**

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           OLSON, FORREST  
Address        1836 LINDSEY MAGNOLIA CT  
City-State-Zip: NAVARRE FL 32566

Title           DIRECTOR  
Name           ELKINS, JOHN JR.  
Address        1844 LINDSEY MAGNOLIA CT  
City-State-Zip: NAVARRE FL 32566

Title           SEC/TREAS  
Name           SMITH, ZACH  
Address        1839 LINDSEY MAGNOLIA CT  
City-State-Zip: NAVARRE FL 32566

Title           DECLARANT  
Name           FOUNTAIN, BETTY  
Address        1901 RUE LA FONTAINE  
City-State-Zip: NAVARRE FL 32566

*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: BETTY FOUNTAIN**

**DECLARANT**

**04/24/2023**

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

\_\_\_\_\_  
Date