

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001615

**Entity Name:** MAGNOLIA VILLAGE HOMEOWNERS ASSOCIATION OF EDGEWATER, INC.**FILED**  
**Apr 15, 2024**  
**Secretary of State**  
**8211580619CC****Current Principal Place of Business:**1830 OLD MISSION ROAD  
MAGNOLIA VILLAGE  
EDGEWATER, FL 32132**Current Mailing Address:**1802 PERSIMMON CIRCLE  
EDGEWATER, FL 32132 US**FEI Number: 59-3245149****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PAPPAS, GEORGE S  
213 SILVER BEACH AVE.  
DAYTONA BEACH, FL 32118 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	PRESIDENT
Name	BAILEY, BECKY
Address	3113 NATCHEZ
City-State-Zip:	EDGEWATER FL 32132-2826

Title	TREASURER
Name	WIGMORE, MARGARET
Address	1802 PERSIMMON CIRCLE
City-State-Zip:	EDGEWATER FL 32132

Title	VP
Name	ROBBINS, ALAN
Address	1765 PERSIMMON CIRCLE
City-State-Zip:	EDGEWATER FL 32132

Title	DIRECTOR
Name	OAKES, CYNDI
Address	1772 PERSIMMON CIRCLE
City-State-Zip:	EDGEWATER FL 32132

Title	SECRETARY
Name	BLACKBURN, VICKY
Address	1836 PERSIMMON CIRCLE
City-State-Zip:	EDGEWATER FL 32132

Title	DIRECTOR
Name	HILL, JOHN
Address	1804 PERSIMMON CIRCLE
City-State-Zip:	EDGEWATER FL 32132

Title	DIRECTOR
Name	KINGSBURY, LINDA
Address	1837 PERSIMMON CIRCLE
City-State-Zip:	EDGEWATER FL 32132

*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: MARGARET WIGMORE****TREASURER****04/15/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date