

2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000001615

Entity Name: MAGNOLIA VILLAGE HOMEOWNERS ASSOCIATION OF EDGEWATER, INC.**FILED**
Mar 09, 2018
Secretary of State
CR8963812173**Current Principal Place of Business:**1830 OLD MISSION ROAD
MAGNOLIA VILLAGE
EDGEWATER, FL 32132**Current Mailing Address:**1842 PERSIMMON CIRCLE
EDGEWATER, FL 32132 US**FEI Number: 59-3245149****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MILBRATH, Nanci
3117 NATCHEZ LANE
EDGEWATER, FL 32132 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: Nanci MILBRATH****03/09/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|-------------------------|
| Title | SECRETARY |
| Name | MILBRATH, Nanci |
| Address | 3117 NATCHEZ LANE |
| City-State-Zip: | EDGEWATER FL 32132-2826 |

| | |
|-----------------|-------------------------|
| Title | P |
| Name | LEMIEUX, DONALD |
| Address | 1793 PERSIMMON CIRCLE |
| City-State-Zip: | EDGEWATER FL 32132-2826 |

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|-----------------|-------------------------|
| Title | TREASURER, DIRECTOR |
| Name | HENRY, BEVERLY |
| Address | 1842 PERSIMMON CIRCLE |
| City-State-Zip: | EDGEWATER FL 32132-2826 |

| | |
|-----------------|-----------------------|
| Title | VP |
| Name | MANWARREN, MIKE |
| Address | 1712 PERSIMMON CIRCLE |
| City-State-Zip: | EDGEWATER FL 32132 |

| | |
|-----------------|---------------------|
| Title | D |
| Name | CZERNIAK, MARYANN |
| Address | 1750 PERSIMMON CIR. |
| City-State-Zip: | EDGEWATER FL 32132 |

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|-----------------|-------------------------|
| Title | SECRETARY, DIRECTOR |
| Name | MILBRATH, Nanci |
| Address | 3117 NATCHEZ LANE |
| City-State-Zip: | EDGEWATER FL 32132-2826 |

| | |
|-----------------|-----------------------|
| Title | DIRECTOR |
| Name | TOWNLAIN, JOE |
| Address | 1792 PERSIMMON CIRCLE |
| City-State-Zip: | EDGEWATER FL 32132 |

| | |
|-----------------|-----------------------|
| Title | DIRECTOR |
| Name | BAKER, SHIRLEY |
| Address | 1786 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: BEVERLY HENRY**TREASURER****03/09/2018**

Electronic Signature of Signing Officer/Director Detail

Date