

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002797

FILED
Apr 27, 2024
Secretary of State
4803202686CC

Entity Name: MAGNOLIA PARK HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O L.S. MANAGEMENT & ASSOCIATES, INC. ECD
34990 EMERALD COAST PARKWAY SUITE 385
DESTIN, FL 32541

Current Mailing Address:

C/O L.S. MANAGEMENT & ASSOCIATES, INC. ECD
34990 EMERALD COAST PARKWAY SUITE 385
DESTIN, FL 32541 US

FEI Number: 59-3666145

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

L.S. MANAGEMENT & ASSOCIATES, INC. ECD
C/O L.S. MANAGEMENT & ASSOCIATES, INC. ECD
34990 EMERALD COAST PARKWAY SUITE 385
DESTIN, FL 32541 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: SIMONE JUSTESEN

04/27/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name TURGEAU, GEORGIA
Address C/O L.S. MANAGEMENT &
ASSOCIATES, INC. ECD
34990 EMERALD COAST PARKWAY
SUITE 385
City-State-Zip: DESTIN FL 32541

Title PRESIDENT, VP, SECRETARY,
TREASURER
Name TUTNJEVIC, JAMIE L
Address C/O L.S. MANAGEMENT &
ASSOCIATES, INC. ECD
34990 EMERALD COAST PARKWAY
SUITE 385
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name NIKOLOV , VASI
Address C/O L.S. MANAGEMENT &
ASSOCIATES, INC. ECD
34990 EMERALD COAST PARKWAY
SUITE 385
City-State-Zip: DESTIN FL 32541

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: JAMIE L TUTNJEVIC

OFFICER

04/27/2024

Electronic Signature of Signing Officer/Director Detail

Date