

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006798

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

**FILED**  
**Apr 18, 2016**  
**Secretary of State**  
**CC3781613382**

**Current Principal Place of Business:**

3951 NW 48TH TERRACE  
SUITE 307  
GAINESVILLE, FL 32606

**Current Mailing Address:**

695 JACKSON CT.  
SATELLITE BEACH, FL 32937

**FEI Number: 59-3501505**

**Certificate of Status Desired: No**

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

BOYES, PATRICE ESQ.  
408 WEST UNIVERSITY AVENUE  
GAINESVILLE, FL 32606 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 PD  
Name DENNEY, CLIFFORD W  
Address 3951 NW 48TH TERR  
STE 310  
City-State-Zip: GAINESVILLE FL 32606

Title STD  
Name DENNEY, FLOYD CJR.  
Address 695 JACKSON CT  
City-State-Zip: SATELLITE BEACH FL 32937

Title D  
Name DENNEY, FLOYD CSR.  
Address 695 JACKSON CT  
City-State-Zip: SATELLITE BEACH FL 32937

Title D  
Name DENNEY, FRANCES J  
Address 695 JACKSON CT  
City-State-Zip: SATELLITE BEACH FL 32937

*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: CLIFFORD W. DENNEY**

**PD**

**04/18/2016**

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

\_\_\_\_\_  
Date