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.

## C

SIGNATURE:

Officer/Director Detail :				
Title	PD	Title	TSD	
Name	DAVIS, H. SCOTT	Name	KITTREDGE, MICHAEL	
Address	1156 EASTWOOD BRANCH DR	Address	3113 W TAMBAY AVE	
City-State-Zip:	ST JOHNS FL 32259	City-State-Zip:	TAMPA FL 33611	

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.

# **Current Mailing Address:**

3113 WEST TAMBAY AVENUE

TAMPA, FL 33611

3113 WEST TAMBAY AVENUE TAMPA. FL 33611 US

DOCUMENT# N9700006798

**Current Principal Place of Business:** 

#### FEI Number: 59-3501505

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

LAW OFFICES OF SCOTT A FRANK, PA 301 W COMMERCIAL BLVD SUITE 218 FORT LAUDERDALE, FL 33309 US

Entity Name: MAGNOLIA PARKE OWNERS ASSOCIATION, INC.

### Certificate of Status Desired: No

MANAGER

Electronic Signature of Signing Officer/Director Detail

FILED Feb 02, 2024 Secretary of State 8989297832CC

> 02/02/2024 Date

Date