

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707252

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: MAGNOLIA TOWERS, INC.

**Current Principal Place of Business:**

80 WEST LUCERNE CIRCLE  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

80 WEST LUCERNE CIRCLE  
ORLANDO, FL 32801

**New Mailing Address:**

FEI Number: 59-1115878

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KEITH, HENRY T  
80 WEST LUCERNE CIRCLE  
ORLANDO, FL 32801 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOGNER, JAMES B  
Address: 80 WEST LUCERNE CIRCLE  
City-St-Zip: ORLANDO, FL 32801

Title: STD ( ) Delete  
Name: CRAMER, ROBERT L  
Address: 80 WEST LUCERNE CIRCLE  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: MURRAY, LOUIS C  
Address: 80 WEST LUCERNE CIRCLE  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: TROVILLION, ALLEN  
Address: 80 WEST LUCERNE CIRCLE  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: OWEN, WILLIAM H  
Address: 80 WEST LUCERNE CIRCLE  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: HILLENMEYER, JOHN  
Address: 80 WEST LUCERNE CIRCLE  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AS (X) Change ( ) Addition  
Name: EMERSON, JAMES E  
Address: 80 WEST LUCERNE CIRCLE  
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES F. EMERSON

AS

01/17/2007

Electronic Signature of Signing Officer or Director

Date