

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733372 (7)
1. Corporation Name
MAGNOLIA SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
501 EAST BAY DRIVE LARGO FL 34640

3. Date Incorporated or Qualified: 07/24/1975
3a. Date of Last Report: 04/24/1995
4. FEI Number: 59-1774418
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
HUBBARD, EDWARD
501 E. BAY DR., #1902
LARGO FL 34640
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOHNSON, SCOTTY | 1.2 NAME | GEORGE DALE |
| STREET ADDRESS | 501 E. BAY DR. #3101 | 1.3 STREET ADDRESS | 501 East DBay Drive #2301 |
| CITY-ST-ZIP | LARGO FL | 1.4 CITY-ST-ZIP | Largo, FL 34640 |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | SSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUBBARD, EDWARD | 2.2 NAME | |
| STREET ADDRESS | 501 E BAY DR #1902 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LARGO FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BIGGART, RAYMOND | 3.2 NAME | |
| STREET ADDRESS | 46 RESOLUTION CRES. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WILLOWDALE ON | 3.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOLLER, PAUL | 4.2 NAME | |
| STREET ADDRESS | 501 E BAY DR #504 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LARGO FL | 4.4 CITY-ST-ZIP | |
| TITLE | BMD <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | BMD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROVELSTAD, ARDIS R. | 5.2 NAME | MARY DEBRA BLAKELY |
| STREET ADDRESS | 1088 MAPLEMOL DRIVE | 5.3 STREET ADDRESS | 160 Hunter St. East |
| CITY-ST-ZIP | WEST DES MOINES IA | 5.4 CITY-ST-ZIP | Peterborough, Ont., CN L6S 5K7 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 2-21-96 813-581-8093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)