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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 501 EAST BAY DRIVE LARGO FL 33770-3773

3. Date Incorporated or Qualified 07/24/1975 3a. Date of Last Report 03/08/1996
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 21 22 23 24
2a. Mailing Address 26 27 28 29 30
Suite, Apt. #, etc. City & State Zip 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 SUDAR, CAROLYN
82 Street Address (P.O. Box Number is Not Acceptable) 501 East Bay Drive #202
83
84 City Largo FL 85 Zip Code 33770

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 *Carolyn T. Sudar* Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 1/31/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE, GEORGE	1.2 NAME	
STREET ADDRESS	501 E BAY DR, #2301	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUBBARD, EDWARD	2.2 NAME	
STREET ADDRESS	501 E BAY DR #1902	2.3 STREET ADDRESS	SD SUDAR, CAROLYN
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	501 East Bay Drive #202 Largo, FL 33770
TITLE	TD	3.1 TITLE	<input 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	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	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKELY, MARY D.	5.2 NAME	
STREET ADDRESS	160 HUNTER ST EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PETERBOROUGH ON	5.4 CITY-ST-ZIP	
TITLE		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 does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Carolyn T. Sudar* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 1/31/97 DAYTIME PHONE # 0049581

CR2E037 (9/96)