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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733372 (7)

1. Corporation Name
MAGNOLIA SQUARE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 501 EAST BAY DRIVE LARGO FL 34640	Mailing Address 501 EAST BAY DRIVE LARGO FL 34640
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3. Date Incorporated or Qualified 07/24/1975		
4. FEI Number 59-1774418	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

SUDAR, CAROLYN
501 EAST BAY DRIVE #202
LARGO FL 33770

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DALE, GEORGE	
STREET ADDRESS	501 E BAY DR, #2301	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SUDAR, CAROLYN	
STREET ADDRESS	501 EAST BAY DRIVE #202	
CITY-ST-ZIP	LARGO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BIGGART, RAYMOND	
STREET ADDRESS	46 RESOLUTION CRES.	
CITY-ST-ZIP	WILLOWDALE ON	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KOLLER, PAUL	
STREET ADDRESS	501 E BAY DR #504	
CITY-ST-ZIP	LARGO FL	
TITLE	BMD	<input checked="" type="checkbox"/> DELETE
NAME	BLAKELY, MARY D.	
STREET ADDRESS	160 HUNTER ST EAST	
CITY-ST-ZIP	PETERBOROUGH ON	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VICE_PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD EICHELBERGER, RALPH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	501 East Bay Drive #1804	
4.4 CITY-ST-ZIP	largo, fl 33770	
5.1 TITLE	JACK BOWNASS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	501 East Bay Drive #3603	
5.4 CITY-ST-ZIP	larvgo, FL 33770	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 J. Sudar (COURT) 3/2/98

CP2E037 (10/97)