NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 733372 1. Corporation Name

MAGNOLIA SQUARE CONDOMINIUM ASSOCIATION, INC.

FILED Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90055 035 ****61.25

Principal Plac	e of Business	Mailing Address							
501 EAST BAY DRIVE		501 EAST BAY DRIVE				1 1 8 8 118 1 8 18 18 18 18 18 1 18 18 1 18 18 18 18	 		
LARGO FL 34640		LARGO FL 34640							
							 		
							•		
2. Principal P	lace of Business	2a. Mailing Address	<u> </u>		3.	Date Incorporated or Qualife	ed		
21		26				07/24/1975			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4.	FEI Number		Ap	plied For
22		27	_			<u>59-17744 18</u>	,		t Applicable
City & Stat	te	City & State			5.	Certifcate of Status Desired		\$8.75	
23		28						Fee Re	
Zip	Country	Zìp	Country	y	6.	Election Campaign Financin	g \square	\$5.00 Added t	
24	25		30		10	Trust Fund Contribution Name and Address of Nev	v Registered		o rees
	9. Name and Address of Curren	t Registered Agent	81	Name	10.	Maille allu Addiess of Net	4 Itogistered	Agent.	
SUDAR, C			82	Street	Address (P	O. Box Number is Not Acce	ptable)		
l .	BAY DRIVE #202		83						
LARGO FI	_ 33770		L	J					
}			84	City			FL	85 Zip (Code
1									
11. Pursuant	to the provisions of Sections 617.050	2 and 617,1508, Florida Statute	s, the abov	/e-named	corporation	submits this statement for t	he purpose of	changing its	registered
Office or I	to the provisions of Sections 617.0500 registered agent, or both, in the State	of Florida. Such change was au	athonzed by	/ the corb	corporation oration's bo	submits this statement for the ard of directors. I hereby according	he purpose of cept the appo	changing its intment as re	registered gistered
office or r agent. I a	to the provisions of Sections 617.050; registered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change was au	athonzed by	/ the corb	corporation oration's bo	submits this statement for the ard of directors. I hereby according to the statement for the submit of the submit	he purpose of cept the appo	changing its intment as re	registered gistered
Office or I	registered agent or both in the State (of Florida. Such change was au tions of, Section 617.0503, Flor	ithorized by ida Statute:	tne corp s.	required when re	ard of directors, i nereby acc	одте	IIIIIII as te	gistereo
office or r agent. I a	registered agent, or both, in the State of the maillar with, and accept the obligate state of the state of th	of Florida. Such change was autions of, Section 617.0503, Flor It and title if applicable. (NOTE: ID DIRECTORS	ithorized by ida Statute:	tne corp s.	required when re	ard of directors, i hereby act	одте	ND DIRECTO	PRS IN 12
office or i agent. I a SIGNATURE	registered agent, or both, in the State of the maillar with, and accept the obligate state of the state of th	of Florida. Such change was autions of, Section 617.0503, Flor It and title if applicable. (NOTE:	ithorized by ida Statutes	tne corp s.	required when re	oinstating)	одте	IIIIIII as te	gistereo
office or r agent. I a SIGNATURE	registered agent, or both, in the State or im familiar with, and accept the obligate Signature, typed or printed name of registered agen OFFICERS AN	of Florida. Such change was autions of, Section 617.0503, Flor It and title if applicable. (NOTE: ID DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	ont signature	required when re	instating) ADDITIONS/CHANGES TO C	DATE OFFICERS AI	ND DIRECTO	PRS IN 12
office or in agent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the State or m familiar with, and accept the obligate Signature, typed or printed name of registered agen OFFICERS AN	of Florida. Such change was autions of, Section 617.0503, Flor It and title if applicable. (NOTE: ID DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	tine corp	required when re	einstating) ADDITIONS/CHANGES TO COLOR ER, PAUL E.BAY Dr. #5	DATE DEFICERS AI	ND DIRECTO	PRS IN 12
office or in agent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the State of the obligation familiar with, and accept the obligation of	of Florida. Such change was autions of, Section 617.0503, Flor It and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5	ont signature	required when re	einstating) ADDITIONS/CHANGES TO COLOR ER, PAUL E.BAY Dr. #5	DATE DEFICERS AI	ND DIRECTO	PRS IN 12
office or i agent. I a signature 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State of the familiar with, and accept the obligated of t	of Florida. Such change was autions of, Section 617.0503, Flor It and title if applicable. (NOTE: ID DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE	ont signature a	required when re	instating) ADDITIONS/CHANGES TO C	DATE DEFICERS AI	ND DIRECTO	PRS IN 12
office or I agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of the familiar with, and accept the obligated of the obligation of the obligati	of Florida. Such change was autions of, Section 617.0503, Flor It and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME	ont signature a	required when re	einstating) ADDITIONS/CHANGES TO COLOR ER, PAUL E.BAY Dr. #5	DATE DEFICERS AI	ND DIRECTO	PRS IN 12
office or i agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of the familiar with, and accept the obligated of the obligation of the obligati	of Florida. Such change was autions of, Section 617.0503, Flor It and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE	ort Address ST-ZIP	required when re	einstating) ADDITIONS/CHANGES TO COLOR ER, PAUL E.BAY Dr. #5	DATE DEFICERS A	ND DIRECTO	PRS IN 12
office or I agent. I a gent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of the familiar with, and accept the obligated of the obligation of the obligati	of Florida. Such change was autions of, Section 617.0503, Flor int and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	ort Address ST-ZIP	required when re	einstating) ADDITIONS/CHANGES TO COLOR ER, PAUL E.BAY Dr. #5	DATE DEFICERS A	ND DIRECTO Change	PRS IN 12 Addition Addition
office or I agent. I a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	registered agent, or both, in the State of the familiar with, and accept the obligated of printed name of registered agent OFFICERS AN PALE, GEORGE 501 E BAY DR, #2301 LARGO FL SD SUDAR, CAROLYN 501 EAST BAY DRIVE #202 LARGO FL VP	of Florida. Such change was autions of, Section 617.0503, Flor It and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE	ont signature : TADDRESS ST-ZIP TADDRESS ST-ZIP	required when re	einstating) ADDITIONS/CHANGES TO COLOR ER, PAUL E.BAY Dr. #5	DATE DEFICERS A	ND DIRECTO	PRS IN 12
office or I agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	registered agent, or both, in the State of the familiar with, and accept the obligated of printed name of registered agent OFFICERS AN OFFICERS AND OFFICERS	of Florida. Such change was autions of, Section 617.0503, Flor int and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ont signature : TADDRESS ST-ZIP TADDRESS ST-ZIP	required when re	einstating) ADDITIONS/CHANGES TO COLOR ER, PAUL E.BAY Dr. #5	DATE DEFICERS A	ND DIRECTO Change	PRS IN 12 Addition Addition
office or i agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P DALE, GEORGE 501 E BAY DR, #2301 LARGO FL SUDAR, CAROLYN 501 EAST BAY DRIVE #202 LARGO FL VP BIGGART, RAYMOND 46 RESOLUTION CRES.	of Florida. Such change was autions of, Section 617.0503, Flor int and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ent signature : ant signature : ant ADDRESS ST-ZIP ET ADDRESS ST-ZIP	required when re	einstating) ADDITIONS/CHANGES TO COLOR ER, PAUL E.BAY Dr. #5	DATE DEFICERS A	ND DIRECTO Change	PRS IN 12 Addition Addition
office or I agent. I a gent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of m familiar with, and accept the obligate of printed name of registered agen OFFICERS AN P DALE, GEORGE 501 E BAY DR, #2301 LARGO FL SD SUDAR, CAROLYN 501 EAST BAY DRIVE #202 LARGO FL VP BIGGART, RAYMOND 46 RESOLUTION CRES. WILLOWDALE ON	of Florida. Such change was at tions of, Section 617.0503, Flor at and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-	ent signature : ant signature : ant ADDRESS ST-ZIP ET ADDRESS ST-ZIP	required when real Koll Soll LAR	einstating) ADDITIONS/CHANGES TO COLOR ER, PAUL E.BAY Dr. #5	DATE DEFICERS A	ND DIRECTO Change Change	PRS IN 12 Addition Addition
office or I agent. I a agent. I a signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of the familiar with, and accept the obligate of printed name of registered agen OFFICERS AN PALE, GEORGE 501 E BAY DR, #2301 LARGO FL SD SUDAR, CAROLYN 501 EAST BAY DRIVE #202 LARGO FL VP BIGGART, RAYMOND 46 RESOLUTION CRES. WILLOWDALE ON TD	of Florida. Such change was autions of, Section 617.0503, Flor int and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY- 3.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE	ent signature : ant signature : ant ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	required when re	einstating) ADDITIONS/CHANGES TO COLOR ER, PAUL E.BAY Dr. #5	DATE DEFICERS A	ND DIRECTO Change	PRS IN 12 Addition Addition
office or i agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of m familiar with, and accept the obligate of printed name of registered agen OFFICERS AN P DALE, GEORGE 501 E BAY DR, #2301 LARGO FL SD SUDAR, CAROLYN 501 EAST BAY DRIVE #202 LARGO FL VP BIGGART, RAYMOND 46 RESOLUTION CRES. WILLOWDALE ON TD EICHELBERGER, RALPH	of Florida. Such change was at tions of, Section 617.0503, Flor at and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY- 3.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME	ent signature : ant signature : ant ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	required when re Koll Soll LAR	einstating) ADDITIONS/CHANGES TO COLOR ER, PAUL E.BAY Dr. #5	DATE DEFICERS A	ND DIRECTO Change Change	PRS IN 12 Addition Addition
office or I agent. I a gent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State of m familiar with, and accept the obligate of printed name of registered agen OFFICERS AN P DALE, GEORGE 501 E BAY DR, #2301 LARGO FL SD SUDAR, CAROLYN 501 EAST BAY DRIVE #202 LARGO FL VP BIGGART, RAYMOND 46 RESOLUTION CRES. WILLOWDALE ON TD EICHELBERGER, RALPH 501 E BAY DR, #1804	of Florida. Such change was at tions of, Section 617.0503, Flor at and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE	ent signature : ent signature : ent ADDRESS ST-ZIP et ADDRESS ST-ZIP et ADDRESS ST-ZIP	required when repaired when repaired when repaired when repaired when repaired when repaired with the repaired when repaired whe	instating) ADDITIONS/CHANGES TO C ER, PAU E. BAY Dr. #5 GO, FL 3377	DATE DEFICERS AI	ND DIRECTO Change Change	PRS IN 12 Addition Addition
office or i agent. I a agent. I a signature 12. Title Name STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of the familiar with, and accept the obligate of familiar with, and accept the obligate of the obligation of the state of the obligation of the state of the sta	of Florida. Such change was attions of, Section 617.0503, Flor Int and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY- 3.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME	ent signature : ent signature : ent ADDRESS ST-ZIP et ADDRESS ST-ZIP et ADDRESS ST-ZIP	required when repaired when repaired when repaired when repaired when repaired when repaired with the repaired when repaired whe	instating) ADDITIONS/CHANGES TO C ER, PAU E. BAY Dr. #5 GO, FL 3377	DATE DEFICERS AI	ND DIRECTO Change Change	RS IN 12 Addition Addition Addition
office or I agent. I a gent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of the familiar with, and accept the obligate of familiar with, and accept the obligate of the obligat	of Florida. Such change was at tions of, Section 617.0503, Flor at and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.4 CITY- 5.5 CITY- 6.7 CITY-	ent signature : ant si	required when repaired when repaired when repaired when repaired when repaired when repaired with the repaired when repaired whe	instating) ADDITIONS/CHANGES TO C ER, PAU E. BAY Dr. #5 GO, FL 3377	DATE DEFICERS AI	ND DIRECTO Change Change	PRS IN 12 Addition Addition
office or I agent. I a gent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of the familiar with, and accept the obligate of familiar with, and accept the obligate of the obligat	of Florida. Such change was attions of, Section 617.0503, Flor Int and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ent signature : ant si	required when repaired when re	SE, BEVERLY SE, BAY DR #4	DATE DEFICERS AI	ND DIRECTO Change Change	RS IN 12 Addition Addition Addition
office or I agent. I a gent. I a gent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State of m familiar with, and accept the obligate of printed name of registered agen OFFICERS AN P DALE, GEORGE 501 E BAY DR, #2301 LARGO FL SD SUDAR, CAROLYN 501 EAST BAY DRIVE #202 LARGO FL VP BIGGART, RAYMOND 46 RESOLUTION CRES. WILLOWDALE ON TD EICHELBERGER, RALPH 501 E BAY DR, #1804 LARGO FL 33770 D BOWNASS, JACK 501 E BAY DR, #3603	of Florida. Such change was attions of, Section 617.0503, Flor Int and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ent signature : ent si	required when repaired when re	instating) ADDITIONS/CHANGES TO C ER, PAU E. BAY Dr. #5 GO, FL 3377	DATE DEFICERS AI	ND DIRECTO Change Change	RS IN 12 Addition Addition Addition
office of I agent. I a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State of the familiar with, and accept the obligate of familiar with, and accept the obligate of the obligat	of Florida. Such change was attions of, Section 617.0503, Flor Int and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 STREE	ent signature : ent si	required when repaired when re	SE, BEVERLY SE, BAY DR #4	DATE DEFICERS AI	ND DIRECTO Change Change	RS IN 12 Addition Addition Addition

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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS