


FILE NOW: FILING FEE IS \$61.25

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

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

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| 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.

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



| | | |
|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 07/24/1975 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1774418 |
| City & State 23 | City & State 28 | Applied For Not Applicable |
| Zip 24 | Country 25 | 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 |

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 | 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 P | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME DALE, GEORGE | | 1.2 NAME KOLLER, PAUL | |
| STREET ADDRESS 501 E BAY DR, #2301 | | 1.3 STREET ADDRESS 501 E. BAY DR. #501 | |
| CITY-ST-ZIP LARGO FL | | 1.4 CITY-ST-ZIP LARGO, FL 33770 | |
| TITLE SD | <input type="checkbox"/> DELETE | 2.1 TITLE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SUDAR, CAROLYN | | 2.2 NAME | |
| STREET ADDRESS 501 EAST BAY DRIVE #202 | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP LARGO FL | | 2.4 CITY-ST-ZIP | |
| TITLE VP | <input type="checkbox"/> DELETE | 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 TD | <input type="checkbox"/> DELETE | 4.1 TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME EICHELBERGER, RALPH | | 4.2 NAME | |
| STREET ADDRESS 501 E BAY DR, #1804 | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP LARGO FL 33770 | | 4.4 CITY-ST-ZIP | |
| TITLE D | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME BOWNASS, JACK | | 5.2 NAME WEESE, BEVERLY | |
| STREET ADDRESS 501 E BAY DR, #3603 | | 5.3 STREET ADDRESS 501 E. BAY DR #403 | |
| CITY-ST-ZIP PETERBOROUGH ON 33770 | | 5.4 CITY-ST-ZIP LARGO, FL 33770 | |
| 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 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.

SIGNATURE: *Carolyn Sudar* **T. SUDAR** 1/8/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (11/98)