

DOCUMENT # 747272

1. Entity Name

MAGNOLIA VILLAGE CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90040 039 ****61.25

Principal Place of Business

Mailing Address

1096 OLD HIGHWAY 98
C-102B
DESTIN FL 32541
US

1096 OLD HWY 98
SUITE C-102 B
DESTIN FL 32541-7015
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1750941

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, CATHY
1096 OLD HIGHWAY 98
SUITE C-102B
DESTIN FL 32541

Name DAVID W. BELL

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE [Signature]

David W. Bell, Agent

03-27-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MCGILL, JACK
STREET ADDRESS 501 MAGNOLIA DRIVE
CITY-ST-ZIP DESTIN FL

TITLE [Change]
NAME
STREET ADDRESS 501 MAGNOLIA PLACE
CITY-ST-ZIP 32541

TITLE STD
NAME FINLAY, JEAN
STREET ADDRESS 8621 BASSWOOD ROAD
CITY-ST-ZIP EDEN PRAIRIE MN

TITLE [Change]
NAME
STREET ADDRESS 504 MAGNOLIA PLACE
CITY-ST-ZIP DESTIN, FL 32541

TITLE VD
NAME PASQUARELLO, CYNTHIA
STREET ADDRESS 5311 TIVOLI RIDGE
CITY-ST-ZIP DESTIN FL

TITLE [Change]
NAME ANDREA RICHARD
STREET ADDRESS 503 MAGNOLIA PLACE
CITY-ST-ZIP DESTIN, FL 32541

TITLE [Delete]
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [Change]
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [Delete]
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [Change]
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [Delete]
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [Change]
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE [Signature]

3-24-00

850-654-3932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)