2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747272

FILED Apr 21, 2008 Secretary of State

Entity Name: MAGNOLIA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

215 GRAND BLVD SUITE 200

MIRAMAR BEACH, FL 32550 US

Current Mailing Address: New Mailing Address:

215 GRAND BLVD SUITE 200

MIRAMAR BEACH, FL 32550 US

FEI Number: 59-1750941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GORMLEY, TERRY P 215 GRAND BLVD SUITE 200

MIRAMAR BEACH, FL 32550 US

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition

 Name:
 MCGILL, JACK
 Name:

 Address:
 501 MAGNOLIA PLACE
 Address:

 City-St-Zip:
 MIRAMAR BEACH, FL 32550 US
 City-St-Zip:

 Address:
 8621 BASSWOOD RD
 Address:
 8621 BASSWOOD RD

 City-St-Zip:
 EDEN PRAIRIE, MN 55344 US
 City-St-Zip:
 EDEN PRAIRIE, MN 55344 US

Title: D () Delete Title: DV (X) Change () Addition Name: WAITE, ROBERT Name: WAITE, ROBERT

 Name:
 WAITE, ROBERT
 Name:
 WAITE, ROBERT

 Address:
 9974 LAKEWOOD DR
 Address:
 9974 LAKEWOOD DR

 City-St-Zip:
 ZIONSVILLE, IN 46077 US
 City-St-Zip:
 ZIONSVILLE, IN 46077 US

 $\label{eq:title:DV} \textit{Title:} \qquad \textit{DV} \qquad \textit{() Delete} \qquad \qquad \textit{Title:} \qquad \textit{DST} \qquad \textit{(X) Change () Addition}$

 Name:
 STOCKMEYER, TOM
 Name:
 HASH, ROBERT

 Address:
 226 BOLLING RD NE
 Address:
 805 VIVIAN'S WAY

City-St-Zip: ATLANTA, GA 30305 US City-St-Zip: MIRAMAR BEACH, FL 32550 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT HASH S 04/21/2008