


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # H31380**  
1. Entity Name  
**MAGNOLIA MANOR HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
4190 71ST ST. NORTH      4190 71ST ST. NORTH  
ST. PETERSBURG, FL 33709      ST. PETERSBURG, FL 33709



02282007    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-2467441**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LESTAGE, ANDRE**  
4174 72ND ST. N  
ST. PETERSBURG, FL 33709

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Andre P. Lestage      Andre Lestage, President      3-1-07  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$160.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing        **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

U00000661282  
03/20/07-80034-020 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IRISH, DOT 4368 72ND WAY N SAINT PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KENNEDY, RUTH 4358 72ND ST N SAINT PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LESTAGE, ANDRE 4174 72ND ST N SAINT PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNBERGER, DICK 4073 71ST ST, N SAINT PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, BILL 4072 72ND WAY N SAINT PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINKHAM, EDWIN 4103 72ND ST, N SAINT PETERSBURG, FL 33709

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: Andre P. Lestage      Andre Lestage      3-1-07      727-345-3585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #