2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 08, 2007 8:00 am
Secretary of State
02-08-2007 90052 034 ****61.25

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1. Entity Name
MAGNOLIA COURT HOMEOWNERS ASSOCIATION, INC.

4UU17141

Principal Place of Business	Mailing Address
C/O HAAG MANAGEMENT INC. 2295 NW CORPORATE BLVD STE 138 BOCA RATON, FL 33431	C/O HAAG MANAGEMENT INC. 2295 NW CORPORATE BLVD STE 138 BOCA RATON, FL 33431

01092007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 04-3655630 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAAG MANAGEMENT, INC.
2295 NW CORPORATE BLVD
SUITE 138
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOORE, TOM 310 TAXADO LANE WEST PALM BEACH, FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DAVID GATES 337 S. Bromeliad West Palm Beach FL 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PATEMAN, MARK 330 TUREDO LANE WEST PALM BEACH, FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DIRECTOR~~ Treasurer Charles M. Williams II 3446 TUXEDO LN. West Palm Beach, FL 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SAIN, ERIC 316 N. BROMELIAD WEST PALM BEACH, FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DIRECTOR~~ VICE PRES all else same	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEISS, STUART 324 N. BROMELAID WEST PALM BEACH, FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President All else same	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASRI, MARY P.O. BOX 3167 PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary ~~DIRECTOR~~. All else same	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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: _____ 1/5/07 561-655-6737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #