

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90400 013 ****61.25

DOCUMENT # N02000006662					
1. Entity Name MAGNOLIA BAY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4500 PGA BLVD STE 400 PALM BEACH GARDENS, FL 33418			Mailing Address 4500 PGA BLVD STE 400 PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business 1930 Commerce Lane		3. Mailing Address 1930 Commerce Lane			
Suite, Apt. #, etc. Suite #1		Suite, Apt. #, etc. Suite 1		04142005 Chg-NP CR2E037 (10/03)	
City & State Jupiter, FL		City & State Jupiter, FL		4. FEI Number 52-2377525	
Zip 33458		Country Palm Beach		Zip 33458	
Country Palm Beach		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENE, RICHARD E 4500 PGA BLVD STE 400 PALM BEACH GARDENS, FL 33418			7. Name and Address of New Registered Agent Name <u>Ingle, Steve</u> Street Address (P.O. Box Number is Not Acceptable) <u>1930 Commerce Lane, Suite 1</u> <u>Jupiter</u> <u>33458</u> City <u>FL</u> 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 <u>[Signature]</u> DATE <u>4-29-2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when replacing)</small>				Filing Fee is \$61.25 Due by May 1, 2005	
9. Election Campaign Financing <input type="checkbox"/> \$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	PD GREENE, RICHARD E 4500 PGA BLVD STE 400 PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PD (Acting as President) Lotito, Thomas 5007 Magnolia Bay Circle Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, HARMON D 4500 PGA BLVD STE 400 PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ranchimer, Neil 4524 Illicitia Dr PBG, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHANNON, WILLIAM E 4500 PGA BLVD STE 400 PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Wish, Patti 5101 Magnolia Bay Circle PBG, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Morgan, Charlie 4600 Bowlin PBG, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Charles E. Morgan</u> DATE <u>4-29-05</u> DAYTIME PHONE # <u>561-862-2259</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>4-29-05</u> DAYTIME PHONE # <u>561-862-2259</u>	