## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** May 02, 2005 8:00 am

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DOCUMENT # N02000006662  1. Entity Name MAGNOLIA BAY GARDENS HOMEOWNERS ASSOCIATION, INC.						<b>ary of St</b> 90400 013 ****6		
Principal Place of Business 4500 PGA BLVD STE 400 PALM BEACH GARDENS, FL 33418  Mailing Address 4500 PGA BLVD PALM BEACH GARDENS, FL 33418								
2. Principal Place of Business 1930 Commerce Lane		3. Mailing Address 1930 Commerce Lave			81 877 88878 ATWAL 88771 <b>\$8</b> 771 8	IBUU BRUU BBUB BUUR EURO BUUB	1121121 01 1021	
Suite, Apt. #, etc. Suite # /		Suite, Apt. #, etc. Suite /		041420	05 Chg-NP	CR2E037 (10/03	)	
City & State Jupiter , Fl		City & State		4. FEI Nu		—	Applied For	
Zip 334	Country	Jupiter, 121 Zip 33458	Country Pelm Beach	5.0.00	377525 cate of Status Desired	- ¢0.75 A		
	6. Name and Address of Current		Calm 15 cc		and Address of New	·	100	
			Name .					
GREENE, RICHARD E 4500 PGA BLVD STE 400			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
PALM BEA	ACH GARDENS, FL 33418		í	1930 Commerce Lane, suit				
			City	Tupiter		1 3:- 0	458	
	named entity submits this statement to tions of registered agent.	r the purpose of changing its re	gistered office or	registered agent, o	r both, in the State of F	Florida. I am familiar wit	h, and accept	
			///	I M	•	11 20 26		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				12 1110	ı	4-29-20	03	
	Pt	and the Bandleton UNITED				0.475	<del></del>	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signati.	ute required when renstation	p)	DATE		
	Signature, typed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing	\$5.00 M Added to F	ay Be	DATE Make check payable orlda Department of	to	
10.	Filing Fee Is \$61.25 Due by May 1, 2005 OFFICERS AND DIS	9. Election Camp Trust Fund Co	paign Financing ntribution.	S5.00 M Added to F	ay Be ees Fig	orlda Department of CERS AND DIRECTORS	to State	
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12. I hereby certify that the information supplied with this filling 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: Charles E Morgan / M B 19

SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR