


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90841 044 ****61.25

DOCUMENT # N02000006662 1. Entity Name MAGNOLIA BAY GARDENS HOMEOWNERS ASSOCIATION, INC.						
Principal Place of Business 1930 COMMERCE LANE SUITE 1 JUPITER, FL 33458			Mailing Address 1930 COMMERCE LANE SUITE 1 JUPITER, FL 33458			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		4. FEI Number 52-2377525		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent INGLES, STEVE 1930 COMMERCE LANE, SUITE 1 JUPITER, FL 33458				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.				DATE 4/27/07		
SIGNATURE <i>Steve Ingles</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, CHARLIE 4600 BONITA RD PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARSIN, HARRY G 5123 MAGNOLIA BAY CIRCLE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAPLAIN, VICKI 5179 MAGNOLIA BAY CIRCLE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARTMAN, MARILYN 5035 MAGNOLIA BAY CIRCLE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURTTI, RICHARD 4720 DOVERHILL DR PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
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"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition						
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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 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: <i>Marilyn S. Hartman</i> 4-24-07 561-999-1647 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						