

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008305

FILED  
May 03, 2006  
Secretary of State

**Entity Name:** MAGNOLIA HARBOR HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2045 FOUNTAIN PROFESSIONAL CT.  
SUITE A  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

2045 FOUNTAIN PROFESSIONAL CT.  
SUITE A  
NAVARRE, FL 32566

**New Mailing Address:**

**FEI Number:** 56-2407108      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FOUNTAIN, KENNETH R  
2045 FOUNTAIN PROFESSIONAL CT  
SUITE A  
NAVARRE, FL 32566 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SCHULTE, KATHY  
Address: 7400 MULBERRY LANE  
City-St-Zip: NAVARRE, FL 32566

Title: DVP ( ) Delete  
Name: ARMSTRONG, WAYNE  
Address: 1732 MAGNOLIA HARBOR DRIVE  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: MACDONALD, JAMES  
Address: 7401 MULBERRY LANE  
City-St-Zip: NAVARRE, FL 32566

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MACDONALD, JAMES  
Address: 7401 MULBERRY LANE  
City-St-Zip: NAVARRE, FL 32566

Title: D (X) Change ( ) Addition  
Name: MORGAN, DAVID  
Address: 1768 MAGNOLIA HARBOR DRIVE  
City-St-Zip: NAVARRE, FL 32566

Title: D (X) Change ( ) Addition  
Name: ARMSTRONG, WAYNE  
Address: 1732 MAGNOLIA HARBOR DRIVE  
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES MACDONALD

D

05/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date