2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008305

FILED Mar 19, 2008 Secretary of State

Entity Name: MAGNOLIA HARBOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Pri	New Principal Place of Business:		
2045 FOUNTAIN PROFESSIONAL CT. SUITE A NAVARRE, FL 32566				1901 ANDORRA STREET NAVARRE, FL 32566		
Current Mailing Address:			New Mai	New Mailing Address:		
2045 FOUNTAIN PROFESSIONAL CT. SUITE A NAVARRE, FL 32566				1901 ANDORRA STREET NAVARRE, FL 32566		
FEI Number:	: 56-2407108	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name an	nd Address of	f New Registered Agent:	
2045 FOUI SUITE A NAVARRE The above	E, FL 32566 U	ESSIONAL CT IS	1901 ANI NAVARR	RD, R, LANE DORRA STRE RE, FL 32566 g its registered		
	e of Florida.	LVNCHADD			00/40/2000	
SIGNATUR	RE: R. LANE	LYNCHARD nic Signature of Registered Age	ant		03/19/2008 Date	
OFFICERS	S AND DIREC			NS/CHANGE	ES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip:	KLOS, DAVID 3908 CROSBY ST. LOUIS, MC D (MORGAN, DAV 1768 MAGNOL NAVARRE, FL D (PARSLEY, JOH 1734 SOUND (NAVARRE, FL	0 63123) Delete IID IA HARBOR DRIVE 32566) Delete HN CREEK CT.	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip:	D SHULTE, KA 7400 MULBE NAVARRE, F D KUZMICKI, J 7405 MULBE NAVARRE, F TRES LIVERMORE 1760 JOYBR	ERRY LANE EL 32566 (X) Change () Addition IANA ERRY LANE EL 32566 () Change (X) Addition E, EVELYN ROOK RD	
Fitle: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	VANNOY, DE 7392 OLD M	AGNOLIA COURT	

I hereby certify that the information supplied with this filing does not qualify 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: EVELYN LIVERMORE TRES 03/19/2008